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**BIBLIOTHERAPY INTERVENTION EXPOSURE AND
LEVEL OF EMOTIONAL AWARENESS AMONG
STUDENTS WITH EMOTIONAL AND BEHAVIORAL DISORDERS**

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DOCTOR OF PHILOSOPHY IN URBAN EDUCATION:

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DEDICATION

To my mom who encouraged me to “be an educated person”

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A lifetime of teachers who told me that I was a writer

Blessings that come from above in many forms

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Alexandra

Zeal for learning instilled in me by my parents, teachers, professors and

colleagues

**BIBLIOTHERAPY INTERVENTION EXPOSURE AND
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ELAINE HARPER

ABSTRACT

Educators and mental health professionals search for interventions to help students with emotional and behavioral problems. Bibliotherapy, the therapeutic use of literature, has been a widely used yet sparsely researched intervention. Research regarding bibliotherapy and students' emotional awareness is absent. The purpose of this study was to examine the relationships among bibliotherapy intervention exposure, level of emotional awareness, and characteristics of students with emotional and behavioral disorders.

Archival data sets from 182 students ages 6 - 13 in day treatment were analyzed in this study. One archival data set was scores from the Levels of Emotional Awareness Scale for Children (LEAS-C; Bajgar, 2004). The LEAS-C is a self-report instrument, designed to assess emotional awareness in children. Another archival data set detailed the amount of bibliotherapy intervention exposure that each student received. The final archival data set came from existing student demographic information such as gender, age, race, *DSM-IV-TR* diagnosis and length of stay in day treatment.

Quantitative and qualitative methods specific to each question were used for data analysis. Descriptive statistics, Pearson correlation and regression modeling examined relationships among bibliotherapy intervention exposure, level of emotional awareness and student characteristics. Qualitative methods

were used to analyze archived interviews of students' experience with bibliotherapy.

Results established a range of the levels of emotional awareness for students with emotional and behavioral disorders. The level of emotional awareness for Self and Other was found to be correlated. Differences in emotional awareness were found among students with differing *DSM-IV-TR* diagnoses. Bibliotherapy intervention exposure did not predict student level of emotional awareness. However, student exposure to bibliotherapy intervention combined with *PATHS* was correlated to students' level of emotional awareness. Select student interviews revealed that student experience with bibliotherapy included identification with characters and opportunities for emotional expression.

Recommendations based on findings included attention to a trauma informed approach to treatment, consideration of LEAS-C as a screener for diagnostic assessment, the integration of bibliotherapy intervention with other interventions, such as *PATHS*, completion of a bibliotherapy intervention manual and specialized training for bibliotherapy intervention implementation. Recommendations for further research include establishing LEAS-C validity and reliability through psychometric studies and conducting quasi-experimental and case studies to explore student bibliotherapy experience and its benefit.

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CHAPTER I

INTRODUCTION

Overview

Jasmine is an 8-year-old student in Mr. Harper's third-grade classroom. She is very quiet, does not have any friends, hardly ever participates in class, and has low self-esteem. Her parents and teachers worry about her performance in school. Although her parents say she works hard, her grades are usually below average. One day, during reading class, Mr. Harper was encouraged by Jasmine's participation. When Mr. Harper asked the class why the main character in the story behaved the way she did Jasmine surprised everyone by raising her hand, explaining how the character felt and interpreting the main character's intentions. The class talked about what Jasmine said and seemed to understand Jasmine's interpretation. They even offered some other ideas of things the main character could do to make her feel better and solve the problem she was experiencing.

Antonio's sixth grade class lined up to go outside for a recess break. After they arrived on the playground, the class divided itself into groups to play games. Antonio had few friends and was usually left out. He followed one group, annoying them. He approached another group and was ignored. As usual, the

students in his class did not want to be around him. They complained that he doesn't listen to them and often gets his group into trouble. Antonio tells his parents he does not know why he can not remember simple things and why he can't seem to make friends. Antonio knows that no one in class likes to be with him, and though he feels bad about it, he does not know what to do. One day the class read a book about a boy a lot like Antonio. Antonio got more and more interested in seeing what happened to the boy in the story. When the teacher asked the students to predict what will happen next, Antonio knew from personal experience what the outcome would be. He could even see why the others avoided the main character in the book. Antonio told the class what the main character was feeling and why he thought the main character was treated differently. Together the class and the teacher arrived at specific ways the main character could behave to make his situations better. In both these cases Jasmine and Antonio were engaged in bibliotherapy with their teachers and classmates.

This introductory chapter offers an overview of bibliotherapy and emotional awareness for the current study. The study problem, purpose and significance are explained followed by the research questions. Last, a list of definitions and terms pertinent to the understanding of the study are recorded.

In ancient Greece the door of the library at Thebes bore the inscription: θεματοφυλακιον για θεραπεια της ψυχης, "depositories for healing of the soul". Bibliotherapy is defined by Russell and Shrodes (1950) as "a process of dynamic interaction between the personality of the reader and literature – an interaction which may be used for personality assessment, adjustment and growth" (p.335).

The reader can be a child, an adolescent or an adult and the “dynamic interaction” can take place with various professionals across diverse venues.

A definition of bibliotherapy, from the Greek words, βιβλιο, meaning book and, θεραπευω, meaning healing, is “the use of books to help solve problems” (Aiex, 1993, p. 1). Another definition is “therapeutic use of literature as a healing tool in counseling” (Gladding, 2005, p. 114). Jalongo (1983) notes that “the concept of bibliotherapy has encompassed everything from literature used in counseling prisoners to sharing a picture book on peer acceptance with preschoolers” (p. 796). Pardeck (1990) offers ways bibliotherapy can help people cope with problems. He says it is:

The use of literature and poetry in the treatment of people with emotional problems or mental illness. Bibliotherapy is often used in social groups and group therapy and is reported to be effective with people of all ages, with people in institutions as well as outpatients, and with healthy people who wish to share literature as a means of personal growth and development (p. 1042).

Bibliotherapy Process

Generally, the process of bibliotherapy flows in therapeutic stages indicated by Pardeck and Pardeck (1984): identification, catharsis and insight and universality. The framework incorporates concepts from Shrodes (1950), Rubin (1978) and Livengood (1961) with some frameworks including a fourth stage, universality. Shrodes (1950) felt that characters in literature are important to the reader when they can identify with their needs, wishes and frustrations. Livengood (1961) recognized the psychological process of universality through

bibliotherapy and felt the reader “gains a sense of security in finding he is not alone, that there may be help for him also” (p. 27).

Experts in bibliotherapy suggest that “the most important step when using bibliotherapy with students is to match appropriate books with the students and his or her various problems” (Sridhar & Vaughn, 2000, p. 75). The literature includes a plethora of children’s problems addressed using bibliotherapy, among them: bullying (Gregory & Vessey, 2004), children with parents in prison (Hames & Pedreira, 2003) and helping children with their feelings about short stature and diabetes (Hayes & Amer, 1999). While identification is an important step, every individual in a given group needs not have the exact same problem (Hendrickson, 1988). A time may come when another group member may find himself in a similar situation. For example, a significant number of students in a group may live with a single parent or stepfamily; other students may be in the same position sooner or later.

The next phase in the process, catharsis, is a key to therapeutic progress. Catharsis involves drawing the emotional response from the interaction between the reader and the book character. Jeon, as cited in Doll and Doll (1997), points out that book-induced emotion is easier for students to cope with and for adults to help with since they are more predictable and controlled than the spontaneous emotions that students experience otherwise. Catharsis is a powerful opportunity to expand emotional development, especially in children.

Following catharsis is insight. Colville (1990), a children’s author, gives a description of insight:

The right story at the right moment is an arrow to the heart. It can find and catch what is hiding inside the reader (or the listener), the secret hurt or anger or need that lies waiting, aching to be brought to the surface (p. 35).

Some models of bibliotherapy add a fourth element or phase known as universality. The notion underlying universality is the realization that the problems experienced by the character in the literature and by the reader himself are not unique. People experience problems and solutions can be generated. In short, the process of bibliotherapy follows the therapeutic stages starting from identification then progressing through catharsis, insight and universality.

Two main perspectives on the practice of bibliotherapy are prevalent related to the types of books used: imaginative and didactic. The “imaginative” (Silverberg, 2003) is based on the work of Shrodes (1950). Shrodes explained the bibliotherapeutic process as “an interaction between the reader and literature in which the emotions are freed-up for productive use” (p. 10). It’s proposed to work like psychotherapy and that a body of imaginative literature can be used to diagnose and treat emotional problems. The imaginative literature refers to the dramatic presentation of human behavior through fiction, poetry (Raingruber, 2004), drama, biography and autobiography.

This “dramatic presentation of human behavior” which comes in so many different “imaginative” forms is found organized in resources in a variety of ways. Books used for bibliotherapy may come from children’s literature that have won the Caldecott or Newberry Awards (Ouzts & Brown, 2000). Also recommended for bibliotherapy are The Children’s Choices, Young Adult Choices, and

Teachers' Choices published by the International Reading Association (Ouzts, 1994). Many references sources list books that are suitable for dealing with specific issues. One such resource is *The Book Finder* (Dreyer, 1989). *The Book Finder* contains a series of annotations of books published by various time periods. The split-page format reference series includes a subject index, an author index, a title index and a publishers' directory. A more recent collection is in *Books Your Kids Will Talk About* (Hepler, 2003). One final resource example among many is the 16 literature selections noted in Regan and Page (2008). The characters in the chosen books reflect potential connections for troubled youth to identify with. The facilitation of social-emotional learning is featured through the student's opportunity to identify with the characters.

In addition to the "imaginative", the other perspective on the practice of bibliotherapy is "didactic". Didactic is a recent shift away from Shrodes perspective towards the use of a single work of non-fiction. Didactic texts, which tend to be instructive in nature, are like books used in an educational process. Topics addressed include marriage and sexuality, child rearing, personality conflicts and coping with stress or anxiety (Silverberg, 2003). Non-fiction books noted in the literature that are considered didactic and have been used in bibliotherapy include *Coping with Panic* (Clum, 1990), *What Color is Your Parachute?* (Bolles, 1997), *Feeling Good* (Burns, 1980), *The Relaxation Response* (Benson, 2000) and *When Bad Things Happen to Good People* (Kushner, 2004). With little or no client-therapist interaction a self-help manual or book of programmed instruction may be referred to as "self-help bibliotherapy."

The process of bibliotherapy can also be framed in the form of an academic lesson and implemented in four steps (Sridhar & Vaughn, 2000). Bibliotherapy frameworks have been described as psychologically therapeutic processes or as academic lessons using literature while being separate and distinct from one another.

Statement of the Problem

Schools are flooded with increasing numbers of students who have emotional and behavioral disorders. The difficulties are often associated with aggression or other disruptive behaviors. This disturbing trend is highlighted by the following statistics on youth behavior: every day in the United States, 4,879 children are arrested, 17,297 students are suspended from school and 6 students under the age of 20 commit suicide (Children's Defense Fund, 2009). Professionals are searching for ways to help students with emotional and behavioral difficulties and to develop the skills necessary for success both inside and outside the classroom (Sullivan & Strang, 2003). As much as 6% of the school-age population needs special education services due to emotional or behavioral disorders (Kauffman, 2005).

Students who experience difficulty in interpreting emotions, social events, behaving appropriately, and solving day-to-day problems are at great risk for school failure and social incompetence. In schools, classroom time is dominated by increasing academic demands. Yet, "we cannot ignore the emotional aspect of learning and adjustment and concentrate solely on the academic aspect" (Ouzts, 1991, p. 200). Recent

neurobiological evidence suggests that cognition needed in school such as learning, attention, memory, decision making and social functioning are profoundly affected by the process of emotion (Imordino-Yang & Damasio, 2007).

Bibliotherapy is a widely used yet sparsely empirically validated therapeutic intervention. For example, children and adolescents are presenting a growing number of mental health issues in schools. At the same time, schools are expected to demonstrate students' academic achievement through tests used for accountability like the Ohio Achievement Tests and the Ohio Graduation Test. Educators and mental health professionals are seeking interventions that meet both academic and mental health objectives. Helping professionals seek to individualize intervention to maximize positive outcomes. Bibliotherapy may meet the needs of children, adolescents and adults. Special education teachers and mental health professionals are presented with significant challenges given the need to address both academic and social emotional needs at school.

Purpose

The purpose of the study was to examine the relationships among bibliotherapy intervention exposure, level of emotional awareness and characteristics of students with emotional and behavioral disorders. Understanding the relationships may lead to more effective intervention and more successful outcomes for students.

Research Questions

In order to examine bibliotherapy intervention exposure and level of emotional awareness among students with emotional and behavioral disorders the following specific research questions guided the study:

1. What are the levels of emotional awareness of students with emotional and behavioral disorders?
2. Is there a statistically significant relationship between the level of emotional awareness for Self and the level of emotional awareness for Others for students with emotional and behavioral disorders?
3. Do student characteristics such as age, gender, race, *DSM-IV-TR* diagnostic category and length of stay significantly predict their levels of emotional awareness for Self, Other and Total?
4. To what extent does bibliotherapy intervention exposure predict students' emotional awareness when controlling for demographic characteristics such as gender, age, race, *DSM-IV-TR* diagnosis and length of stay?
5. What is the bibliotherapy experience of students with emotional and behavioral disorders?

Significance

The current study was significant in four ways. First, the results of this research can contribute to a better understanding of what the levels of emotional awareness are for students with emotional and behavioral disorders. Using a cognitive developmental measure instead of a self-report measure will add a new dimension to the study of emotion. Second,

results begin to explain the relationship between the levels of emotional awareness for Self and Others. Third, findings built some foundational knowledge within the literature on levels of emotional awareness and characteristics of students with emotional and behavioral disorders. Fourth, the literature was enhanced by the study results indicating how bibliotherapy intervention exposure relates to level of emotional awareness of students with emotional and behavioral disorders. More research is needed in each of the areas addressed and especially in combination. The study adds unique research about bibliotherapy intervention addressing emotional awareness with a population of special education students with mental health diagnoses difficult to include in empirical research.

The significance of studying bibliotherapy intervention exposure and emotional awareness among students with emotional and behavioral disorders is paramount. This study represents one piece of research on bibliotherapy intervention exposure and how it relates to the level of emotional awareness in children with emotional and behavioral disorders. The results can help guide bibliotherapy intervention as a potential vehicle for helping students with emotional and behavioral disorders. The current study attempted to highlight relationships among a number of variables related to this issue. Furthermore, the research explored important questions that have implications related to individualized treatment planning for students and overall intervention programming. Intervention such as bibliotherapy may help. Studies are needed to explore whether interventions like bibliotherapy are working and in what ways.

Definition of Terms

Emotional and behavioral disorders. As defined by the Council for Children with Behavioral Disorders, a division of the Council for Exceptional Children (CEC), the definition is as follows:

(1) The term emotional or behavioral disorder means a disability that is characterized by behavioral or emotional responses in school programs so different from appropriate age, cultural, or ethnic norms that the responses adversely affect educational performance, including academic, social, vocational or personal skills; more than a temporary, expected response to stressful events in the environment; consistently exhibited in two different settings, at least one of which is school-related; and unresponsive to direct intervention applied in general education, or the condition of a child is such that general education interventions would be insufficient. The term includes such a disability that co-exists with other disabilities. The term includes a schizophrenic disorder, affective disorder, anxiety disorder, or other sustained disorder of conduct or adjustment, affecting a child if the disorder affects educational performance as described in paragraph (1) “emotional and behavioral disorders are a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted, age-appropriate, ethnic, or cultural norms that they adversely affect educational performance in such areas as self-care, social relationships, personal adjustments, academic progress, classroom behavior, or work adjustment.” (*Federal Register*, February 10, 1993, p. 7938).

Reasons for proposing differing terminology and definition of emotional or behavioral disorders are reported by the Council for Children with Behavioral Disorders (Council for Children with Behavioral Disorders, 2000).

Emotional Disturbance. The federal definition of emotionally disturbed according the Individuals with Disabilities Education Act (IDEA) is a condition exhibiting one or more of the following characteristics over long period of time and to a marked degree that adversely affects a child's educational performance: a) an inability to learn that cannot be explained by intellectual, sensory, or health factors, b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, c) inappropriate types of behavior or feelings under normal circumstances, d) a general pervasive mood of unhappiness or depression, e) a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (Code of Federal Regulations, Title 34, Section 300.7c 4 i, ii).

Re-Education. Re-Education (Re-ED) is a philosophical basis for working with children and youth who have emotional and/or behavioral disorders (Cantrell & Cantrell, 2007) developed by Nicholas Hobbs in the 1960's (Hobbs, 1994). Diverse strategies and approaches are integrated into a "comprehensive and dynamic therapeutic learning environment" (Walker & Fecser, 2007, p. 142).

Length of stay. The number of months a student has been enrolled at a PEP day treatment center.

Bibliotherapy. Bibliotherapy as defined for the current study refers to the *Positive Education Program Intervention-based Bibliotherapy Program*. It includes several key characteristics and features: focus on social-emotional issues, focus on integrated academic instruction, basis in fictional children's literature, implemented in group sessions and teacher led so that obstacles related to student reading ability are minimized. "Bibliotherapy is the use of rich instructional opportunities created by the fruitful intersection of reading, social-emotional programming, and group work in the Re-ED classroom. It is the integration of academic instruction and the mental health intervention to support a young person's growth and development towards a better, healthier and more satisfying way of living" (Lann Valore, n. d.).

CHAPTER II

LITERATURE REVIEW

The following chapter presents a literature review designed to ground the current study in the context of previous work related to bibliotherapy and emotional awareness. First, the history of bibliotherapy is revisited. Next, studies regarding bibliotherapy intervention are offered including the few involving students with emotional and behavioral disorders. Then, literature is explored regarding emotional awareness. Finally, bibliotherapy intervention is considered as a means to promote emotional awareness compared to other interventions with similar goals.

History of Bibliotherapy

Bibliotherapy first appeared as a term in *Atlantic Monthly* in 1916 when G. O. Ireland described it. It was used as a treatment intervention for adult psychiatric patients in mental institutions. Samuel Crothers discussed a technique of prescribing books to patients who need help understanding their problems (Crothers, 1916). The books used were self-help books and suggested primarily by librarians.

Historically, this follows the use of bibliotherapy in the treatment of emotional disorders given that the Bible, for example, for centuries had been a bibliotherapeutic tool (Shiryon, 1977). Bibliotherapy was also recognized by Webster and Karl Menninger, early psychologist. Menninger spoke of bibliotherapy in his work along with Will Menninger. They were among the first to foster an interest in this type of aid to healing (O'Bruba & Camplese, 1983).

Once bibliotherapy was initially recognized in the early 1900s, the application of the technique began. Originally, its use was limited to hospitals where it was applied as an adjunct to library services provided to World War I veterans (Myracle, Winter 1995). By 1930, almost 25 years after its first mention in *Atlantic Monthly*, G. O. Ireland coined bibliotherapy as a term (Ouzts & Brown, 2000). In the 1930s and 1940s several case studies were first reported in which bibliotherapy was used with delinquent boys (Cohen, 1955). Although the studies were not experimental, they established a foundation for bibliotherapy in the research community (Steinmetz, 1930).

In 1939, the Hospital Division of the American Library Association founded the first committee on bibliotherapy, and the value of literature to clinical practice was established (Smith & Burkhalter, 1987). Bibliotherapy spread to a variety of settings throughout the 1940s. While the spread of bibliotherapy occurred across different settings into the 1940s, up to that point in time, it had only been used with adults despite the few case

studies done with delinquent boys in the 1930s. In 1946, bibliotherapy was applied and researched for the first time with children (Agnes, 1946).

Books specifically for children began being published at the turn of the century. The first of the children's books were The *McGuffey's Readers* (McGuffey, 1857; McGuffey, 1866; McGuffey, 1896). This series of books focused the instruction of reading and spelling for school children. During the 1930s and 1940s fictional stories began to reflect the problems of society – drugs, divorce. It was then that children's literature flourished. Guidelines were developed to help parents identify which books were worthwhile for their children. Bibliotherapy for children emerged and evolved. The historical perspective and evolution of bibliotherapy continue into modern times. The prevalence of bibliotherapy across a variety of settings and its use by a wide range of professionals expanded. By 1975, the development of psychotherapy and the evolution of children's literature primed the formation of what the ancient Greeks had alluded to centuries earlier...the use of books to heal the soul.

In addition to variation in how bibliotherapy is defined, the literature describes variation in who uses bibliotherapy, the settings it is used in, different populations it is used with, the purpose it is used for, the process used, and the types of books used. The literature documents a number of helping professionals interested in using bibliotherapy: school counselors, nurses, psychiatrists, osteopathic doctors, school nurses (Gregory & Vessey, 2004) and teachers (Cartledge & Kiarie, 2001; Ouzts & Brown,

2000). Adlerian psychologists use bibliotherapy since it fits with their philosophy to educate the client throughout the process of their treatment (Riordan & Mullis, 1996). Clearly a wide range of professionals incorporates bibliotherapy as part of or as one their interventions.

Besides different types of professionals, the setting in which bibliotherapy is practiced and the population with which it is used varies. The settings in which bibliotherapy is used include private clinical practice, hospitals (Manworren & Woodring, 1998), classrooms (Hendrickson, 1988; Lenkowsky, 1987; Sullivan & Strang, 2003), school communities (Gregory & Vessey, 2004) and day treatment centers (English, 2005). Adults, adolescents and children all can engage in bibliotherapy, but the majority of the literature documents research studies with adults. Most frequently noted are adults with panic attacks (Lidren et al., 1994; Wright, Clum, Roodman, & Febbraro, 2000), anxiety disorders and depression (Ackerson, Scogin, Smith, & Lyman, 1998; Floyd, Scogin, McKendree-Smith, Floyd, & Rokke, 2004; Johnson, 1998).

Bibliotherapy is used as part of treatment for adolescents and children to treat depression (Ackerson, Scogin, Smith, & Lyman, 1998), to prevent and treat adolescent chemical dependency (Pardeck, 1991) and to intervene in other problems (Pardeck, 1994). It is also used with children to address numerous problems or normal developmental issues (Gregory & Vessey, 2004; Hayes & Amer, 1999; Lenkowsky, Barowsky, Dayboch, Puccio, & Lenkowsky, 1987; Manworren & Woodring, 1998;

Ouzts, 1994; Pardeck, 1990; Sridhar & Vaughn, 2000; Tolin, 2001).

Glessner, Hoover & Hazlett (2006) look at the portrayal being overweight in adolescent fiction. Sullivan and Strange (2003) elaborate the use of bibliotherapy as using literature to promote the development of emotional intelligence in the classroom.

Manworren and Woodring (1998) describe how children's literature can be used to educate patients about illness, surgery and hospitalization. Programs prepare children for hospitalization that provide information, encourage emotional expression, establish a trusting relationship with the health care provider and teach coping strategies. Tours, puppets, and medical play have been described as effective interactive methods of familiarizing children with a hospital experience. However, not all pediatric patients have access to those programs. Children's literature presents an alternative and is accessible through the public library and utilized by pediatric nurses.

The literature differentiates between bibliotherapy use with adults, adolescents and children. Zaccaria and Moses (1968) specify that adolescents most readily benefit from bibliotherapy when the following conditions have been met: 1) a working relationship involving mutual trust has been developed, 2) the presenting problem has been agreed upon by the young person and the helping individual, 3) some preliminary exploration of the problem has occurred, and 4) the young person is exhibiting low resistance to the helping process.

One study shows that 68% of mental health practitioners surveyed apply bibliotherapy in their practice (Adams & Pitre, 2000). Yet, in general, studies yield mixed results regarding the effectiveness of bibliotherapy and according to a meta-analysis by Marrs (1995). Practitioners have endorsed bibliotherapy as intuitively useful without conclusive empirical data to support its effectiveness. Methodological limitations and practical restrictions thwart attempts to meet the positivistic standard of empirical evidence of effectiveness boasted by studies from other disciplines. The standard of empirical evidence in studies to include randomized controlled trials is often not practical. Heavy reliance on the intuitive data drives continued application of bibliotherapeutic intervention.

More than thirty years ago Heitzmann and Heitzmann (1975) concluded that bibliotherapy “is more properly classified as an art than a science” (p. 120) due to the paucity of research studies and the methodological difficulties presented by bibliotherapy research. Since that time, both qualitative and quantitative studies have appeared in the literature with continuing evidence of the methodological difficulties expected in human subject research. Perhaps the research and methodological strides of the last thirty years may offer bibliotherapy a reclassification as an art *and* a science.

Riordan and Wilson (1989) also report mixed results and conceptual design problems in much of the research. Furthermore,

Riordan (1991) notes that a common view among practitioners might be that:

There really does not have to be a 'science' of bibliotherapy for it to be effective as a tool or for it to be applied. Therapy by the book is apparently not going to wait for definitive confirmatory data. Nevertheless, even when viewed as only a clinical tool rather than a theoretical approach, bibliotherapy still needs the kind of organizing forces that survey, explicate and refine its application... (p. 306).

"In assessing the effectiveness of bibliotherapy it is difficult to separate the effects of the therapeutic relationship from the effects of the bibliotherapeutic approach. This is, of course, true of any treatment intervention" (Pardeck, 1990, p. 1046).

Bibliotherapy Intervention for Adults

While the current study focused on bibliotherapy with students a brief look at bibliotherapy intervention for adults can be informative. Marrs (1995) in a meta analysis of adult studies found bibliotherapy to be more effective with assertion training, anxiety and sexual dysfunction than with weight loss, impulse control and studying problems. Marrs (1995) sifted through several moderator variables thought to explain differing results in their meta-analysis of bibliotherapy studies. The moderator variables examined were: problem type, tests of dependent variable type, amount of contact with therapist and direct comparisons with therapist-administered therapies. Marrs' analysis filled some holes in the data

base, but questions still remain about “for whom and under what conditions bibliotherapy does and does not work” (p. 862).

Spache (1987) points out that certain limitations exist in a bibliotherapy intervention: the personality of the participant, the skill of the facilitator and the interactive process. It is also important to account for compliance, participation and reading comprehension of participants (Ackerson, Scogin, McKendree & Lyman, 1998). Gladding (2005) has suggested keeping the process interactive to maintain the integrity of the process and overcome process limitations. To make certain that text is understood Pardeck (1990) recommends that in using bibliotherapy with children “the vast majority will benefit if the book is read aloud” (p. 1040). In general, bibliotherapy is implemented through the process of identification, catharsis, insight and universality.

Studies of bibliotherapy intervention effectiveness for young adults have yielded mixed results and inconclusive evidence. Ackerson, Scogin, McKendree-Smith and Lyman (1998) found cognitive bibliotherapy was determined to be superior to a delayed treatment control condition. Adolescents experiencing mild and moderate depressive symptoms demonstrated both statistically and clinically significant improvements in depressive symptoms while negative automatic thoughts did not decrease, a significant decrease in dysfunctional thoughts was found. Frude (2005) explains, “the effectiveness of bibliotherapy depends on the motivation and application (as well as the literacy) of the person using a self-help text” (p. 28). Regarding why bibliotherapy was used, in a survey by Smith and

Burkhalter (1987), psychotherapists surveyed used bibliotherapy most often to help with child rearing skills and sexual dysfunction.

Bibliotherapy Intervention for Children

Given the studies of bibliotherapy intervention for adults, separate studies examine bibliotherapy intervention for children. Capturing the outcomes of bibliotherapy in research studies is challenged by research design and the nature of how bibliotherapy is used. Riordan and Wilson (1989) articulate that one of the biggest problems in judging the effectiveness of bibliotherapy has been the research design.

Den Boer et al (2004) uncovered methodological weaknesses in a meta-analysis. A number of studies were excluded from his meta analysis due to the absence of: randomized controlled design, anxiety or depression symptom measures, self-help comparison condition and assessment of diagnosis. Small sample sizes have added to methodological weaknesses.

Evidence shows that despite mixed results of bibliotherapy effectiveness (perhaps due to methodological limitations and the nature of the intervention), it is widely used as an adjunct to other treatment approaches. As a therapeutic intervention it is best used in conjunction with other counseling approaches (Myers, 1998). The same view is held by Pardeck (1994) who says, "Bibliotherapy is intended as an adjunct to treatment, not as the core treatment approach"(p. 102). Most of the literature demonstrates bibliotherapy as only one tool in a broader therapeutic context (Riordan, 1991). Because of that "in assessing the effectiveness of bibliotherapy it is difficult to separate the effects of

the therapeutic relationship from the effects of the therapeutic approach” (Pardeck, 1990, p. 1048). “Bibliotherapy may prove to be a useful alternative treatment for adolescents reluctant to use more traditional psychosocial or pharmacological treatments” (Ackerson, Scogin, Smith, & Lyman, 1998, p. 689). Perhaps “the pertinent issue is not really whether bibliotherapy is effective as a separate therapy, but rather, what, when and how it should be used as part of a treatment plan” (Riordan, 1991, p. 306). Bibliotherapy continues to be utilized in an effort to promote growth and change.

Ackerson et al. (1998) examined the efficacy of cognitive bibliotherapy for adolescents experiencing mild and moderate depressive symptoms. Thirty participants, grades 7 through 12, were recruited through mental health and social services agencies, schools, hospitals and media announcements of a self-help program for adolescent depression. The bibliotherapy intervention used as the treatment condition for this study was “cognitive bibliotherapy” for depression. Participants were given four weeks to read *Feeling Good* (Burns, 1980) independently. During the intervention phase, weekly phone calls were made to the participants and information was collected on the number of pages read and the number of exercises completed in the provided workbook. Counseling was not provided during the brief phone contacts.

Treatment efficacy was evaluated by a number of measures. Depression severity measures included the Child Depression Inventory (CDI), the Hamilton Rating Depression Scale (HRDS) and the Achenbach’s Child Behavior Checklist (CBC). The Automatic Thoughts Questionnaire (ATQ) and the Dysfunctional

Attitude Scale (DAS) were used to assess the cognitive correlates of depression. The Cognitive Bibliotherapy Test is a true-false scale developed to assess an individual's comprehension and retention of the material in Burn's (1980) *Feeling Good*. Results showed that the treatment produced both statistically and clinically significant improvements in depressive symptoms. A significant decrease in dysfunctional thought, but not in negative automatic thoughts was found after treatment.

Farkas and Yorker (1993) took a case study approach using clinical data to answer the broad and general question: What therapeutic value exists in the use of bibliotherapy with homeless children? Participants were from a 13-family unit transitional homeless shelter in an urban center of the southeastern United States. Bibliotherapy was initiated, maintained and terminated with several children living in the housing unit. Clinical material from three representative children was used for the study.

The intervention phase was implemented after completion of an innovative clinical practicum in child and adolescent mental health nursing. Weekly sessions met for 30 minutes and lasted four months. Assessments were done with each child at the beginning of the session culminating in the selection of appropriate stories. Assessments included using drawings of a tree, a house and a person; each child was asked to make three wishes and to describe what type of animal they would like to be; each child also engaged in sentence completions about feelings.

Data were analyzed within a holistic framework using a comparative analysis to examine meaning and similarities across three cases. Themes of longing for affluence, shame and stigma, escaping violence, and making transitions emerged. Researchers concluded that the bibliotherapeutic process was seen to occur with all three of the children and that they each came to varying levels the bibliotherapeutic process of insight, catharsis and integration. While the case study design allowed for in-depth study and analysis on effectiveness for the individuals, it does not generalize.

Hayes and Amer (1999) conducted a qualitative study in a hospital setting to identify whether bibliotherapy would help children with short stature and diabetes discuss their feelings and explore themes that could help them cope with their conditions. Twenty-seven children (ages 7-16) referred to a pediatric endocrinologist participated in a semistructured interview after reading a work of fiction. The questions used elicited feelings about the work of fiction, feelings of self-esteem and attitudes towards their condition.

The findings revealed that several themes emerged from the data analysis: the child's development of compensatory attributes, responses to teasing, and management of diabetes and that in all cases children discussed their experiences freely. In most cases (82%), when the children were asked about the book they immediately began talking about their own experiences. The researchers point out that this result illustrates the value of fiction in helping children open up about their own feelings and experiences. Results also

indicated that all of the children eventually discussed the issues like teasing and the demands of self-management.

A study by Stringer, Reynolds and Simpson (2003) describes how two teachers along with a school counselor collaborated using bibliotherapy trade books with second grade students within Literature Circles to build self esteem in reading. Another use of bibliotherapy with students suspended from school is described by Schreur (2006).

Bibliotherapy Intervention for Children with Emotional and Behavioral Disorders

Bibliotherapy use is found not only with typical children but with children with specialized problems as well. For example, bibliotherapy has been utilized as an intervention for special educators as a counseling strategy in the classroom to meet students' social and emotional needs (Long, Morse, Fecser, & Newman, 2007). A few studies examining bibliotherapy intervention have targeted students with emotional or behavioral disorders.

Lenkowsky et al. (1987) employed bibliotherapeutic techniques for two of four groups of students with learning disabilities and emotional disturbance to determine the effect on self concept in a classroom setting. Ninety-six students between the ages of 12 and 14 years (79 boys and 16 girls) participated. Students were from a school for special education only and their WISC-R Full Scale IQs ranged between 92 and 114. Reading levels were between fourth and seventh grade.

The Piers-Harris Children's Self-Concept Scale was administered pre- and post- intervention to assess self-concept. For the intervention groups, reading passages on problems of adjustment often encountered by students with disabilities/handicapped student were utilized. Books included were *Sue Ellen* (Hunter, 1969) a story about an elementary-school aged student first experience in a special education class; and *But I'm Ready to Go* (Albert, 1978), a story about a 15 year old junior high school student who learns she has minimal brain damage and tries to become a singer to win approval from her family and friends.

The 96 students were divided equally into four groups for IQ and reading level. Group one attended three "book report and literature" periods weekly for four weeks. Group two attended the same as Group one but also had one group "rap" session per week. Group three, the first "bibliotherapeutic" intervention group attended the three weekly sessions which included literature relevant to the problems which the students faced. Group four, the second "bibliotherapeutic" intervention group read the same literature as group three, but also had one directly weekly discussion group.

Results showed a change in mean post-intervention self-concept for the two groups under the bibliotherapeutic condition according to the Piers-Harris Children's Self-Concept Scale, yet were not statistically significant. The use of the discussion groups, regarded as an essential component of bibliotherapy by some (McKinnon & Kiraly, 1984), did not appear to add a therapeutic dimension within the limit of this study.

Long, Rickert and Ashcraft (1993) studied bibliotherapy as an adjunct to stimulant medication in the treatment of children with attention-deficit hyperactivity disorder by providing a written protocol (bibliotherapy) outlining behavioral techniques for managing oppositional child behavior to parents. Thirty-two families each having a child diagnosed with ADHD were recruited from an outpatient pediatric clinic. Children ranged in age from 6 to 11 years (26 males, 6 females). Seventeen families were assigned to the experimental group and 15 families were assigned to the control group.

The families assigned to the experimental group were given a copy of a 4200 word behavioral management protocol written specifically for the study. The major techniques presented in the protocol included attending, rewarding, ignoring, giving directions, time-out and the use of behavioral charts. Readability of the protocol corresponded to a seventh grade reading level according to the Flesch Reading Ease Formula. The families also continued to receive their standard treatment throughout the duration of the study.

After approximately two months from study enrollment parents were sent several inventories to complete and return. The measures used were the Conner's Parent Rating Scale-Hyperactivity Index (CPRS-HI), Eyberg Child Behavior Inventory (ECBI), Home Situations Questionnaire (HSQ), Behavior Rating Profile-Teacher Rating Scale (BRP-T) and the Knowledge of Behavioral Principles as Applied to Children (KBPAC). Posttest results indicated that parents who had received the written protocol (experimental group) had greater knowledge of behavior principles for children than the parents who did not receive the

protocol (control group). The study summarized, “children in the experimental group were reported to have less intense oppositional behavior than those children in the control group. However, the number of behavior problems areas and ‘hyperactive’ symptoms did not differ significantly between groups...the bibliotherapy intervention reduced the severity but did not eliminate opposition behavior problems in an ADHD population” (p. 87).

The difficulty in extracting the effect the bibliotherapy as a modality from the total therapeutic process is recognized throughout the literature. Farkas and Yorker (1993) identified the difficulty as a limitation of their case study approach when looking at the therapeutic value of using bibliotherapy with homeless children. A similar limitation was noted in another study (Schechtman, 1999) when clinical process was followed rather than strict adherence to an investigative empirical protocol. The summary noted that the study “was intended to follow the clinical process rather than serve as an empirical investigation, so results cannot be generalized” (p. 51).

Schechtman (1999) investigated the process of group therapy utilizing bibliotherapy as its primary mode of intervention with five aggressive young boys. The effectiveness of the treatment was studied in a single-subject design, comparing treatment children with their matched counterparts. The program, based on ten 45-minute sessions, used a variety of literature and focused on encouraging release of emotions, enhancing understanding and insight and dealing with self-control issues. Aggression was measure through a short version of Achenbach’s Child Behavior Checklist (CBC) self-report and teacher-report.

Fifteen items from the aggression and delinquent sub-scales were selected. Also, verbal responses of “Behavior in Group” were analyzed on the basis of transcripts. Behavior in Group comprised five variables: self-disclosure, responsiveness, empathy, insight and aggression. Results pointed to a reduced aggression of all five treatment students compared with no change in the control students by self- and teacher-report.

Tolin (2001) reported a case study of a 5-year-old boy with severe Obsessive Compulsive Disorder who was treated with bibliotherapy and teacher-directed extinction of compulsive reassurance-seeking behaviors. The book used for this intervention was *Blink, Blink, Clap, Clap: Why Do We Do Things We Cannot Stop? An OCD Storybook* (Moritz and Jablonsky, 1998). Results indicated that compulsive behavior decreased rapidly and remained at a low level through the remainder of the treatment. Furthermore, at post treatment and at 1- and 3-month follow-up assessments, the patient’s obsessive compulsive disorder symptoms were markedly improved. As with other studies reporting progress via the use of bibliotherapy, the specific efficacy of bibliotherapy and any other intervention applied, in this case, extinction cannot be ascertained.

From a broad perspective, the focus of bibliotherapy studies has been on improving self-concept, reducing problematic symptoms like aggression, obsessive compulsive behaviors, depression and oppositional behavior. Absent from the literature are studies about how bibliotherapy intervention relates to the level of emotional awareness of students with emotional and behavioral disorders. Improving emotional awareness that is intertwined with what drives

behavior and other problematic symptoms goes beyond and beneath addressing symptoms alone. This is a critical area of research that could expand the ability of educators and mental health professionals to improve the quality of programming and intervention for students. Knowing optimum levels of intervention exposure and assessing levels of emotional awareness and understanding the students for whom it is most beneficial, can help inform individualized treatment planning and programmatic decision making.

Emotional Awareness

The degree to which emotions can be put to purposeful and productive use “is a function of the degree to which emotional responses are consciously experience, attended to, and reflected upon” (Lane & Pollerman, 2002, pp. 271 – 272). This degree of emotional awareness, a function of the complexity of conceptual framework of emotional life can serve as a useful guide in adaptive behavior (Lane & Pollerman, 2002). This notion is also represented in the work of Long, Wood and Fecser (2001) in that unless feelings are recognized and talked about, lasting change of behavior that is driven by feeling is difficult, if not impossible to achieve.

Theories of emotions include both conscious and unconscious emotional processes. Damasio (1994) points out that the advantage of conscious awareness of emotion is that it allows emotional information to be integrated with cognitive processes. An individual’s emotional responses result following “a complex cognitive process consisting of an evaluation of the extent to which goals are being met in interaction with the environment” (Lane & Pollerman,

2002, p. 271). If emotions were always unconscious, it would not be possible to voluntarily control emotional responses and expressions. If emotions are at a conscious level, at a level of awareness, then, it is possible to think ahead, avoid, plan, and generalize to similar but unfamiliar situations. Lane and Schwartz (1987) posit five “levels of emotional awareness” which share the structural characteristics of Piaget’s stages of cognitive development. The five levels of emotional awareness, in ascending order, are 1) physical sensation, 2) action tendencies, 3) single emotions, 4) blends of emotion, 5) blends of blends of emotional experience (the capacity to appreciate complexity in the experience of self and other).

Measure of Emotional Awareness

In order to “measure” emotion it must first be defined. Many have endeavored to define it then constructed an instrument that can capture that defined essence. Synonymous in some ways with emotional awareness are emotional intelligence, emotion knowledge and emotional experience. Often the words “emotion” and “feeling” are used interchangeably. However, there is a generally agreed upon distinction between the two. Measures of emotion have included various methods and instrumentation. These include self-report of subjective experience, attempts to measure (yet, first define) potential “universal” emotions and measure of the structural complexity of emotion.

Levels of Emotional Awareness Scale for Children (LEAS-C)

The current study looks at emotional awareness as a series of levels on which one level builds on the structural complexity of the previous less complex level (Lane & Schwartz, 1987). The LEAS-C captures a fundamental tenet of the cognitive developmental model that individual differences in emotional awareness reflect variations in the degree of differentiation and integrations of schemes used to process emotional information, whether the information comes from the external world or through introspection (Lane, Quinlan, Schwartz, Walker & Zeitlin, 1990; Bajgar, Ciarrochi, Lane & Deane, 2005).

The various levels of emotional awareness (physical sensation, action tendencies, single emotions, blends of emotion and blends of blends of emotional experience) describe the organization of experience. They describe traits, although they may also be used to describe states. The levels are hierarchically related in that functioning at each level adds to and modifies the function of previous levels but does not eliminate them.

The instrument itself is a performance measure that asks the child to describe his or her anticipated emotions and those of another person in each of 12 scenarios described in two to four sentences. Scoring is based on specific structural criteria aimed at determining the degree of differentiation in the use of emotion words (the degree of specificity in the terms used and the range of emotions described) and the differentiation of self from other. The scoring does not involve inference from raters. The instrument can be seen as a performance measure of the ability to put feelings into words and should reflect complexity of

experience. In addition, because the scoring system evaluates the structure of experience and not content, participants cannot modify their responses to enhance their score, as is the case with other self-report measures.

The LEAS-C manual (A supplement to the Levels of Emotional Awareness (LEAS) scoring manual (Bajgar & Lane, 2003) reports one validity study.

Construct validity was examined by comparing emotion knowledge tasks, a cognitive developmental measure and two verbal tasks. The emotion knowledge tasks were Emotion Expressions (Izard, 1971; Izard, 1972) and Emotion Comprehension. The Parental Descriptions Scale (PDS; Blatt, 1974) served as a cognitive developmental measure. The verbal tasks were measured by the vocabulary subtest of the WISC-III and a verbal productivity score. Preliminary support for the validity of the LEAS-C was found via correlations between the LEAS-C and the related measures noted. However, a relationship between the LEAS-C and the cognitive development PDS measure was not found. The restricted age range of this study may be a consideration. The sample size included 51 children (26 males, age 10 – 12 years, mean age = 10.3; 25 females, age 10 – 11, mean age = 10.3). Further research is recommended regarding the developmental properties of the LEAS-C. Test –retest validity of the LEAS-C has not been conducted (J. Bajgar, personal communication, November 2008).

Studies targeting the measurement of emotional awareness are few. A study by Waliski (2008) looked at change of emotional awareness as influenced by a group intervention with one preschool class. In addition to emotional awareness the intervention focused on self esteem and appropriate social skills.

Effects were measured using the Emotional Identification Measure (EIM), and the Achenbach's Child Behavior Checklist: Caregiver-Teacher Report Form for Ages 2 – 5 (CBC). Results suggested that emotional awareness and positive coping behaviors were increased from pre-intervention to post-intervention and generally maintained through follow-up evaluation.

Recently, studies have begun the use of fMRI to explore various aspects of brain processing relating to emotional awareness. For example, Gelder, Morris and Dolan (2005) found that recognition of fear is mandatory and independent of awareness. To understand how processing with and without awareness is expressed at the level of brain function, they studied a patient with complete loss of visual awareness in have their visual field due to a lesion.

In summary, emotional awareness as a degree of structural complexity of emotion is a key variable in the current study. Also, the LEAS-C is the instrument used to explore differences among students with emotional and behavioral disorders. In the next chapter, Methodology, details are explained about how the students' level of emotional awareness was explored and how it relates to bibliotherapy intervention exposure.

CHAPTER III

METHODOLOGY

The study was designed to capture evidence and measure what may be two of the most important variables for students with emotional and behavioral problems: intervention and emotion. Just because something is difficult doesn't mean we shouldn't try...if we only did what was easy, none of us would neither engage nor study students with emotional and behavioral disorders. Albert Einstein reportedly had a sign hanging in his office at Princeton that made the statement: "Not everything that counts can be counted, and not everything that can be counted counts" (Sasso, 2004, p.60). Sasso (2004) goes on to explain:

Knowing what counts as evidence and why it counts is the primary issue of the early twenty-first century in special education for students with EBD. It is, however, equally important for us to recognize that assuring the validity of our research comes with a caveat; some variables that we consider important do not easily lend themselves to accurate measurement (Sasso, 2004, p. 61).

Morris and Gennetian (2006) suggest that the most effective way to inform decisions, in particular policy decisions which may influence treatment and

programming is to rely on the strengths of both experimental studies and other types of indicator data. A long history of random assignment research design defined effectiveness of policy or intervention. Methodologically, several important limitations come with true experimental design. First, experimental design can only be realistically utilized to examine interventions to the extent that students can be randomized. Second, usually true randomization cannot be ensured. Third, random assigned experiments can only be generalized to the population and time periods studied. Finally, while random experimental design is considered by some as the most powerful way to assess effect, knowledge about how the effect comes about or why it occurs may not be forthcoming. This study, while not experimental in nature sought to examine other types of indicator data regarding students within a context that may provides additional insights.

Overview of Methodology

The current study examined an essential issue related to intervention planning and programming for students with emotional and behavioral disorders. The study examined bibliotherapy intervention exposure and levels of emotional awareness. These two variables were examined in relationship to student characteristics like age, gender, race, length of stay in day treatment and *DSM-IV-TR* diagnosis. A mixed methodological approach using both quantitative and qualitative data was employed in the study. Archival quantitative data came from three sources. First, bibliotherapy intervention exposure data came from archived classroom data charts. Classroom staff members detailed daily student exposure to bibliotherapy intervention, *Promoting Alternative THinking Strategies (PATHS)*

intervention and *Thinking, Feeling, Behaving (TFB)* intervention on the Bibliotherapy Intervention Exposure Tracking Chart (Appendix A). Second, archival LEAS-C scores were used to provide data regarding level of emotional awareness. Third, existing demographic data were utilized to describe student characteristics. The information included gender, age, race, *DSM-IV-TR* diagnosis and length of stay in day treatment at Positive Education Program.

Qualitative data came from one source: archival student interview recordings about their bibliotherapy experience. Archival student interviews were transcribed and analyzed to explore students' experience with bibliotherapy. All of the study's archival data, both quantitative and qualitative, was originally gathered as part of a George Gund Foundation Grant. The grant was part of ongoing curricular development, implementation and evaluation of the *PEP Intervention-based Bibliotherapy Program*.

Data was examined to address the following research questions:

1. What are the levels of emotional awareness of students with emotional and behavioral disorders?
2. Is there a statistically significant relationship between the level of emotional awareness for Self and the level of emotional awareness for Others for students with emotional and behavioral disorders?
3. Do student characteristics such as age range, gender, race, *DSM-IV-TR* diagnostic category and length of stay significantly predict their levels of emotional awareness for Self, Other and Total?

4. To what extent does bibliotherapy intervention exposure predict students' level of emotional awareness when controlling for their demographic characteristics such as gender, age range, race, length of stay and *DSM-IV-TR* diagnosis?
5. What is the bibliotherapy experience of students with emotional and behavioral disorders?

Archival Data from Students

The archival data analyzed included information from all students 6 – 13 years old enrolled in PEP at six day treatment centers at the start of the study. All students had been previously identified as needing special education services for emotional and behavioral disorders by their home school districts. Subsequently, the students were referred to and enrolled in PEP. Two hundred twenty two student data sets met the inclusion criteria of ages 6 – 13 for this study. Of the 222 data records, 182 (80%) student records met the inclusion criteria of having two LEAS-C administration scores and data regarding intervention exposure.

Program Background

Background regarding the setting and context from which the data was extracted gives a canvas on which to understand the study and the particular bibliotherapy intervention used during this inquiry. The setting of the study was PEP. This program's mission is "to help troubled and troubling youth successfully learn and grow through the Re-ED approach, blending quality education and mental health services in partnership with families, schools, and communities." (<http://www.pepcleve.org>). As part of specialized instructional programming and

mental health service provision, each student's educational and treatment plan includes varying degrees of bibliotherapy intervention, *PATHS* intervention and *TFB* intervention. The 6 centers out of 10 selected were considered to enroll the "typical" day treatment population. Four centers were excluded for differing reasons: one center did not incorporate bibliotherapy as part of the treatment programming because of the multiple disability conditions of the students; two centers limited the use of bibliotherapy programming due to students' extensive cognitive delays; another center, serving students 16 – 22 years old, fell outside the scope of this study with regard to student age range.

PEP services are founded in the Re-Education (Re-ED) approach that breathes life into the background and overview of the present study. In this section, first, the Re-ED approach is described, then, how Re-ED relates to the intervention and the context in which the study will occur will be explained. Hobbs (1994) wrote twelve principles about what is meant operationally by the process of Re-ED. He states:

1. Life is to be lived now, not in the past, and lived in the future only as a present challenge.
2. Trust between child and adult is essential, the foundation on which all other principles rest, the glue that holds teaching and learning together, the beginning point for Re-Education.
3. Competence makes a difference, and children and adolescents should be helped to be good at something, especially at schoolwork.

4. Time is an ally, working on the side of growth in a period of development when life has a tremendous forward thrust.
5. Self-control can be taught and children and adolescents helped to manage their behavior without the development of psychodynamic insight; and symptoms can and should be controlled by direct address, not necessarily by an uncovering therapy.
6. The cognitive competence of children and adolescents can be considerably enhanced; they can be taught generic skills in the management of their lives as well as strategies for coping with the complex array of demands placed upon them by family, school, community, or job, in other words, intelligence can be taught.
7. Feelings should be nurtured, shared spontaneously, controlled when necessary, expressed when too long repressed, and explored with trusted others.
8. The group is very important to young people, and it can be a major source of instruction in growing up. The constant challenge in a Re-ED program is to help groups build cultures that sustain children and adolescents in their efforts to manage their lives in ways satisfying to themselves and satisfactory to others.
9. Ceremony and ritual give order, stability, and confidence to troubled children and adolescents, whose lives are often in considerable disarray.
10. The body is the armature of the self, the physical self around which the psychological self is constructed.

11. Communities are important for children and youth, but the uses and benefits of community must be experienced to be learned.

12. In growing up, a child should know some joy in each day and look forward to some joyous event for the morrow (pp. 242 – 287).

Fecser (2002) adds another perspective about Re-ED:

It is said that Re-ED is hard to describe. That is true. Re-ED is a state of heart as much as state of mind – as much spiritual as it is intellectual. It begins with an attitude of unconditional caring – not just for troubled and troubling children, but for all people. It incorporates a sense of limitless hope sprinkled with naiveté and energized by boundless enthusiasm.

When it comes to children, Re-ED is blind in one eye and has stars in the other. Re-ED never says never. Re-ED is not good at finding the disease or sickness or weakness in people. Re-ED targets personal strengths and builds on them. Re-ED sizes up what's working, what's resilient, then nurtures that part so that it takes up more and more space in a child's life (p. 124).

In summary, Re-ED is a philosophical orientation guiding decisions critical to the treatment intervention of troubled and troubling youth. For the present study, two aspects were particularly relevant regarding this orientation to Re-ED: the setting in which the study took place and the underlying design of the customized bibliotherapy intervention itself.

Quantitative Data Sources

For each data source, archival data collection procedures will be explained. Then, for each data source, the original data collection method will be described. The original data collection method is explained for informational purposes; however it is not part of this study's methodology. Data used in the study was archival. Original data collection for the George Gund Foundation Grant required different procedures for data gathered from the three sources. The first data source, bibliotherapy intervention exposure, was recorded by the students' classroom staff during the grant data collection. The staff member recording the data was one of three staff members responsible for the bibliotherapy intervention in the classroom. The Bibliotherapy Intervention Exposure Tracking Chart was used for daily recording of students' exposure minutes. Also recorded on the Bibliotherapy Intervention Exposure Tracking Chart was any exposure to the *Promoting Alternative Thinking Strategies (PATHS)* curriculum (Kusche & Greenberg, 1994) and to *Thinking, Feeling, Behaving: An Emotional Education Curriculum for Children Grades 1 - 6 (TFB; Vernon, 2006)* and *Thinking Feeling, Behaving: An Emotional Education Curriculum for Adolescents Grades 7 – 12 (TFB; Vernon, 1989)*. *PATHS* and *TFB* were expected to be confounding variables potentially present that were controlled for in the analysis.

The second data source was archival data regarding students' level of emotional awareness as measured by the LEAS-C. The original data collection took place as an evaluation of the ongoing bibliotherapy intervention program

supported by a grant from the George Gund Foundation. Trained staff met one-on-one with students in a quiet location and administered the LEAS-C in an interview format. They recorded their responses verbatim in writing during the course of the interview. According to the manual, the LEAS-C may be administered orally or in a group format by having the students respond to questions in writing. Given the academic difficulties many students with emotional and behavioral problems manifest, it was determined that a more reliable result would come from the individual administration not requiring written responses by the students themselves. Following administration each research assistant scored the protocols they each administered.

Scoring reliability was monitored throughout the process. First, protocols were randomly checked. Protocols were randomly re-scored to check for consistency from the first LEAS-C administration and ten protocols were randomly re-scored to check for consistency from the second administration. Prior to the data collection, a pilot test was conducted with three students so that staff could gain experience and knowledge in the administration of the LEAS-C.

Training was conducted on the LEAS-C with the staff selected to collect the data and score the protocols under the grant. Eleven staff were recruited, one per approximately 15 students enrolled in the study. Selection criteria for the staff gathering the data included 1) a master's degree or higher, 2) training and/or experience in psychometrics, and 3) familiarity with the students and their staff. Each staff member received the LEAS-C manual describing the introduction, administration, scoring of the LEAS-C, scale development and psychometric

properties. Each member also received the complete scoring manual and glossary of emotion words.

The training itself included a didactic session designed to impart knowledge of the instrument to the research team followed by a demonstration of administration and scoring. Scoring practice during the training offered the staff some experience and established rater consistency. Staff had the opportunity to ask any questions to clarify any concerns regarding administering the LEAS-C.

Next, training on the scoring of the LEAS-C was conducted. The final phase of the training included establishing rater consistency. Each rater individually and independently rated protocols using the scoring manual for the LEAS-C. Scorers discussed scoring until the agreement among the scorers reached 90% or higher.

The data source providing students' levels of emotional awareness were existing scores using the Level of Emotional Awareness Scale for Children (LEAS-C; Appendix B). In the administration and scoring manual, Bajgar and Lane (2004) describe the LEAS-C as a self-report instrument, designed to assess emotional awareness in children. Unlike other assessments of emotional functioning in children (Carroll & Steward, 1984; Donaldson & Westerman, 1986; Kovacs, 1983; Kusche, Beilke, & Greenberg, 1988) the specific emotions children report in their responses are not relevant to the scoring. The LEAS-C bases scoring on the complexity of emotion words used and the extent to which the emotions can be differentiated from one another. Thus, the measure is therefore robust to response biases evident in many other self-report measures.

One example from the LEAS-C reads, “You and your mom are coming home at night. As you turn onto your block you see fire trucks parked near your home. How would you feel? How would your mom feel?” (Bajgar & Lane, 2003, p. 2). Preliminary support for the validity of the LEAS-C as an objective assessment of emotional complexity in children was found (Bajgar, Ciarrochi, Lane, & Deane, 2005).

The third data source involved existing demographic data on the students who met inclusion criteria for the study. The criteria were that they had two LEAS-C administrations. The data collection procedures for demographic information involved requesting and retrieving an Excel file from the PEP data base including alphanumeric identification, gender, age, race, length of stay and current *DSM-IV-TR* diagnosis.

Qualitative Data Sources

Qualitative data originated from student interviews about their bibliotherapy experience that was collected as part of the George Gund Foundation Grant designed to support ongoing development, implementation and evaluation of *PEP Intervention-based Bibliotherapy Program*. The archived, transcribed interviews were used for analysis in the current study.

Bibliotherapy Intervention

A wide variation of bibliotherapy programs are described in the literature. Following is a brief description of the bibliotherapy program referenced in this study (Figure 1). Several unique features define this customized program. The Bibliotherapy Intervention is a curriculum designed to meet academic and social

emotional needs of students with emotional and behavioral disorders. The current study examined relationships among the students' level of emotional awareness, various exposure levels of Bibliotherapy Intervention and student characteristics. The importance of researching intervention development is described by Van Eck, Evans and Ulmer (2007). They state that

the treatment development process employed by scientists in the field uses an iterative process that frequently begins with clinical practice and evolves to case studies, small quasi-experimental design studies, and clinical trials. Involving practitioners in this process can certainly help to address issues pertaining to potentially important client characteristics, therapeutic alliance, and other important variables critical to the development process (p. 39).

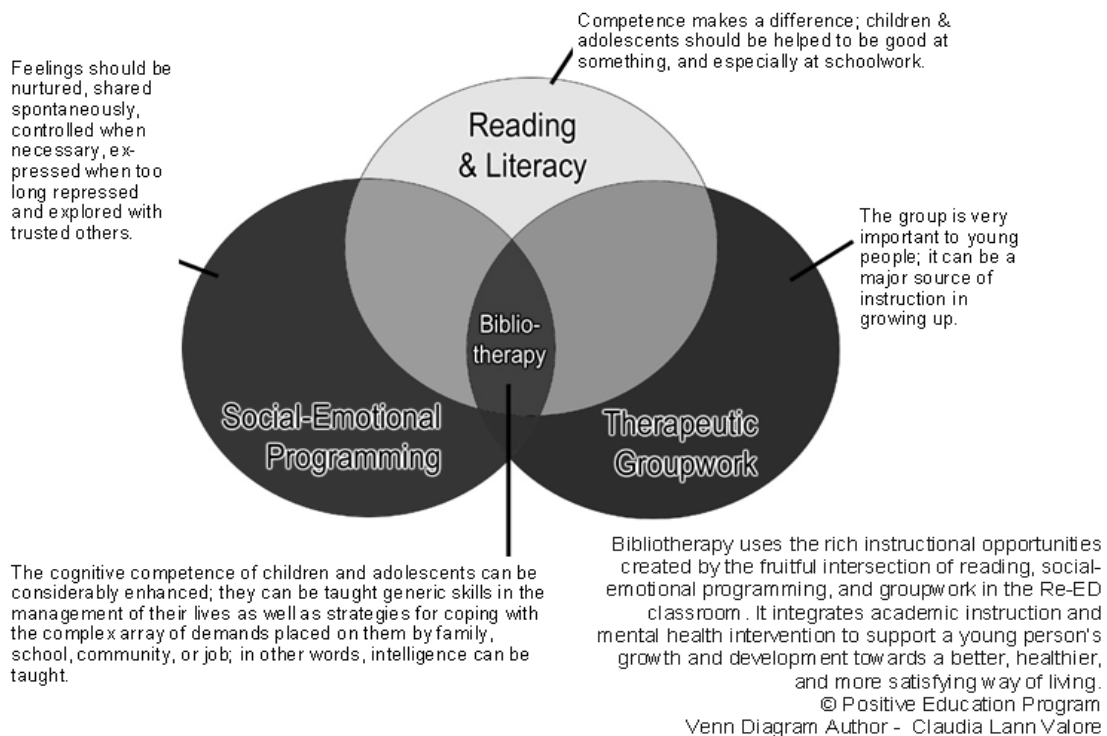


Figure 1. Bibliotherapy Program: A Re-ED Principles- based Approach

A booklist for which *PEP Intervention-based Bibliotherapy Program* Curriculum Guides have been written as of the time of this study is in Appendix C. Bibliotherapy Curriculum Guide examples for *Wings* (Myers, 2000) and *Dancing in the Wings* (Allen, 2000) can be found in Appendices D and E respectively.

Quantitative Data

Dependent variable.

Level of emotional awareness.

Level of emotional awareness as measured by the LEAS-C consists of three component scores: the Self, the Other and the Total. The component score for “Self” awareness rates the student’s level of emotional awareness of himself. The score for “Other” rates the student’s level of emotional awareness of other’s emotions. The score for “Total” is derived using LEAS-C manual scoring guidelines.

Independent variables.

Primary independent variable.

Bibliotherapy intervention exposure. Bibliotherapy intervention participation was the primary independent variable. Students received varying degrees of exposure based on their treatment team’s judgment. Exposure was measured in number of minutes and number of sessions.

Other independent variables.

PATHS intervention exposure. PATHS intervention exposure by number of minutes and number of sessions was tracked on the Bibliotherapy Intervention

Exposure Tracking Chart. Exposure was defined as the amount of time students participated in lessons from the *PATHS* curriculum by number of minutes and number of sessions.

TFB intervention exposure. *TFB* intervention exposure by number of minutes and number of sessions was tracked on the Bibliotherapy Intervention Exposure Tracking Chart. Exposure was defined as the amount of time students participated in lessons from the *TFB* curriculum.

Age. According to Piaget, cognitive developmental stages progress significantly between the ages of six and thirteen. The cognitive developmental theory underlying the LEAS-C suggests that children undergo a similar pattern of development with their emotional complexity. Particular implications exist for children whose emotional development has been thwarted by neglect or abuse early in life making them susceptible to emotional and behavioral disorders. For this study the independent variable, age, was defined by specific age ranges in order to accommodate developmental phase and statistical analysis. Student ages were grouped into ranges as follows for data analysis: 6 to 8 year olds, 9 to 10 year olds and 11 to 13 year olds.

Gender. Literature on emotional awareness already makes distinctions and differentiations between males and females on this variable.

Length of stay. The number of months the student had been enrolled in a PEP day treatment center as of January 2009. Number of months was used as a continuous variable.

DSM-IV-TR diagnosis. Bibliotherapy studies with adults have demonstrated patterns suggesting that bibliotherapy intervention is more effective with certain types of problems or diagnosis. No studies have examined this variable in studies with children. Conflicting results have been presented regarding the usefulness of bibliotherapy with aggressive children. Some suggest that impulsive problems are less amenable by bibliotherapy (Marrs, 1995). Shechtman (1999) shows bibliotherapy has promise for childhood aggression. Specific Axis I *DSM-IV-TR* diagnoses examined in the current study included: ADHD, Combined Type, ADHD, Predominantly Inattentive Type, ADHD, NOS, Oppositional Defiant Disorder, Major Depressive Disorder, Depressive Disorder, NOS, Bipolar Disorder I, Mood Disorder, NOS, Anxiety Disorder, NS, Posttraumatic Stress Disorder, Generalized Anxiety Disorder, Schizophrenia, Psychotic Disorder, Intermittent Explosive Disorder, Reactive Attachment Disorder, Autistic Disorder and Rett's Disorder. Diagnoses were grouped into diagnostic categories prescribed in the *DSM-IV-TR* for data analysis purposes. The "Other" category included diagnoses whose sample sizes were too small to consider on their own. The grouping does not represent a diagnostic category as defined by the *DSM-IV-TR*. Diagnostic categories and the diagnoses they represent are detailed in Table 1.

Table 1

Diagnoses Represented in DSM-IV-TR Diagnostic Categories

Diagnostic Category	Diagnosis
Disruptive Disorders (ADHD)	ADHD, Combined Type
	ADHD, Predominantly Inattentive Type
	ADHD, NOS
Disruptive Disorders (non-ADHD)	Oppositional Defiant Disorder
	Disruptive Disorder, NOS
Mood Disorders	Major Depressive Disorder
	Depressive Disorder, NOS
	Bipolar Disorder I
	Mood Disorder, NOS
Anxiety Disorder	Anxiety Disorder, NOS
	Posttraumatic Stress Disorder
	Generalized Anxiety Disorder
Other	Schizophrenia
	Psychotic Disorder
	Intermittent Explosive Disorder
	Reactive Attachment Disorder
	Autistic Disorder
	Rett's Disorder

Quantitative Data Analysis

Data analysis used a series of quantitative methods to address the first four research questions.

Research Question 1: What are the levels of emotional awareness of students with emotional and behavioral disorders?

Descriptive statistics including mean and standard deviation were used to analyze the data. Demographic characteristics of gender, age range, race and DSM-IV-TR diagnosis were the variables considered.

Research Question 2: Is there a statistically significant relationship between the levels of emotional awareness for Self and the levels of emotional awareness for Others for students with emotional and behavioral disorders?

The Pearson Correlation was used to determine whether there was a statistically significant relationship between the Self and Other scores of the LEAS-C. In previous studies, the component scores of the LEAS-C have been found to be correlated (Bajgar & Lane, 2004). The important question remained for the present study because previous research has not studied a population of students with emotional and behavioral disorders.

The Pearson Correlation was the first step in a two step analysis process. The second step depended on whether a correlation was found between the Self and Other variables. Since analysis showed a weak correlation, the analysis

proceeded using a univariate regression model using each component score (Self, Other and Total) in separate analyses.

Research Question 3: Do student characteristics such as age, gender, race, DSM-IV-TR diagnostic category and length of stay significantly predict their levels of emotional awareness for Self, Other and Total?

Based on the data analysis results from the Pearson Correlation in step one, analysis proceeded using a univariate regression model.

Research Question 4: To what extent does bibliotherapy intervention exposure predict students' level of emotional awareness when controlling for demographic characteristics such as age, gender, race, length of stay and DSM-IV-TR diagnosis?

Based on the data analysis results from the Pearson Correlation in step one, analysis proceeded in step two using a univariate regression model. Ages in months and length of stay in months were entered as continuous variables while gender, race and *DSM-IV-TR* were dummy coded.

Qualitative Data Sources

Following is the qualitative data collection and analysis necessary to answer Research Question 5.

Research Question 5: What is the bibliotherapy experience of students with emotional and behavioral disorders?

Interviews were conducted as part of Gund Foundation Grant to determine experience of students' with emotional and behavioral disorders. Archived

transcripts were analyzed. The interview format was semistructured with five questions. The interview questions are in Appendix F.

A purposeful sample (Patton, 2002) of participants was selected. Criteria used to consider selection included varying students' characteristics, a sufficient level of bibliotherapy intervention exposure and the participant's ability to verbally articulate their experiences. Each of the five student interviews lasted between 15 and 25 minutes. Interviews were recorded with a digital voice recorder then transcribed. Transcribed student interviews are in Appendix G.

Qualitative data analysis.

Qualitative data analysis was utilized to answer the fifth and final question.

Research Question 5: What is the bibliotherapy experience of students with emotional and behavioral disorders?

A content analysis was conducted to identify themes that emerged from the archival transcribed interviews. Additionally, Atlas.ti (Scientific Software Development, 2006), a qualitative data analysis tool, was utilized to facilitate the analysis of the participant interviews. Transcripts were re-read and hand coded.

Researcher bias.

I was the interviewer for the original grant data collection evaluating the *PEP Intervention-based Bibliotherapy Program*. My bias includes being one of the writers of *PEP Intervention-based Bibliotherapy Program Curriculum Guides*. As I listen to student experiences, I simultaneously listen for how each student is benefiting from their experience. While this may present an obvious bias towards

hearing positive experiences, I also have tremendous investment in continually improving therapeutic intervention for troubled and troubling youth.

IRB Review

The original data collection was part of a George Gund Foundation Grant to PEP. The grant supported a larger project regarding the ongoing development, implementation and evaluation of *PEP Intervention-based Bibliotherapy Program*. Original grant data was collected and archived. Analysis of the archival data was included as part of this research study.

Permission to pursue this study using the archival data was received from the Chief Executive Officer and Program Evaluation Director for Positive Education Program. IRB approval was obtained from PEP and Cleveland State University.

CHAPTER IV

RESULTS

Chapter IV presents results related to each of the five research questions. The study's mixed method approach yielded both quantitative and qualitative results. First, students' demographic data is reported. Next, the quantitative results of the first four questions are detailed. The last section follows with the qualitative results according to research question five.

Participants' Demographic Characteristics

Archival data from 182 students were analyzed. Existing demographic information about the students was gathered for gender, age, race, *DSM-IV-TR* diagnosis and length of stay in the day treatment program. The data are summarized in Tables 2 - 5. Almost 85% ($n = 154$) of the student sample were male. The students' ages ranged from 6 – 13 years (mean = 10.0 years, $SD = 1.8$ years) and were grouped into three categories for the data analysis: 6 – 8 year olds, 9 – 10 year olds and 11 – 13 year olds. The three categories defined three phases of development. A small number of six year olds were part of the 6 – 8 year old range since enrollment for six year olds in day treatment was low.

Thirteen year olds were included in the oldest age range and represented the 13 year olds whose class grouping included students younger than thirteen.

Fifty students (27.5%) were in the 6 to 8 year old range. Sixty-nine students (37.9%) fell into the 9 to 10 year old range. The remaining 63 students (34.6%) composed the 11 – 13 year old range. The majority of the students (62.6%) were African American while 36.8% were White. One student was Pacific Islander (0.6 %). Length of stay in day treatment for the students ranged from less than one month (having just enrolled) in the program, to 76 months (mean = 19.04 months, SD = 16.9 months).

Table 2

Number and Percent of Students by Characteristic: Gender, Age Range and Race

Characteristic	Level	Number	Percent
Gender	Male	154	84.6
	Female	28	15.4
Age Range	6 – 8 years	50	27.5
	9 – 10 years	69	37.9
	11 – 13 years	63	34.6
Race	African American	114	62.6
	White	67	36.8
	Pacific Islander	1	0.6

Twenty-six separate and distinct *DSM-IV-TR* diagnoses were present among the student participants. Diagnoses were grouped into the *DSM-IV-TR*'s "sixteen major diagnostic classes" for analysis (American Psychological Association, 2000, p. 10). The most current diagnosis for each student was reported according to existing demographic data file. Table 3 shows the student sample by *DSM-IV-TR* diagnostic class including: Disruptive Disorders, Mood Disorders, Anxiety Disorders and Other. Disruptive Disorders were further divided into two groups. One group included Disruptive Disorders: ADHD (n = 77). The second group included Disruptive Behavior Disorders (non-ADHD; n = 41). The Disruptive Behavior Disorders (non-ADHD) group included diagnoses of Opposition Defiant Disorder (n = 33) and Disruptive Behavior Disorder (n = 8). The Other grouping (n = 12) included *DSM-IV-TR* diagnoses with small numbers in this study sample: Schizophrenia (n = 2), Intermittent Explosive Disorder (n = 3), Reactive Attachment Disorder (n = 3) and Pervasive Developmental Disorder (n = 4). The Other group diagnoses represented the diagnostic classes of Schizophrenia and Other Psychotic Disorders, Impulse-Control Disorders Not Elsewhere Classified, Pervasive Developmental Disorders and Other Disorders of Infancy, Childhood, or Adolescence.

Examination of diagnostic category and gender suggests that of the total students identified with Disruptive Disorder: ADHD (n = 77), almost 90% (n = 69) were male. Disruptive Behavior Disorders (non-ADHD) followed a similar pattern where 87.8% (n = 36) in that diagnostic category were male also.

Table 3

Number and Percent of Students by DSM-IV-TR Diagnostic Category and Gender

DSM-IV-TR Diagnostic Category	Male		Female		All	
	n	%	n	%	n	%
Disruptive Disorders (ADHD)	69	89.6	8	10.4	77	42.3
Disruptive Disorders (non-ADHD)	36	87.8	5	12.2	41	22.5
Mood Disorders	28	80.0	7	20.0	35	19.2
Anxiety Disorders	11	67.7	6	35.3	17	9.3
Other	10	83.3	2	16.7	12	6.6

Regarding diagnostic category and race in Table 4, it is noted that of the 77 students identified with ADHD, three times as many, 75.3%, were African American (n = 58) compared to White. White students (n = 19) accounted for 25% of students diagnosed with ADHD. In the Other category, a smaller percentage (33.3%) of African American students was represented compared to a larger percentage (66.7%) of White students.

Table 4

Number and Percent of Students by DSM-IV-TR Diagnostic Category and Race

DSM-IV-TR Diagnostic Category	African American		White		All	
	n	%	n	%	n	%
Disruptive Disorders (ADHD)	58	75.3	19	24.7	77	42.5
Disruptive Disorders (non-ADHD)	22	55.0	18	45.0	40	22.1
Mood Disorders	19	54.3	16	45.7	35	19.3
Anxiety Disorders	11	64.7	6	35.3	17	9.4
Other	4	33.3	8	66.7	12	6.6

Table 5 shows student DSM-IV-TR diagnostic category frequency and percent by age range. Mood disorders account for 48.6% (n = 17) of students in the 9 to 10 year old range. The percentage of students in the Disruptive Behavior Disorders (non-ADHD) category increased as the age range increased. About twenty-four percent (n = 10) of 6 to 8 year olds are in the Disruptive Behavior Disorders (non-ADHD) category. The percentage increased to 36.6% (n = 15) of the 9 to 10 year olds and then to 39% (n = 16) of 11 – 13 year olds. The 6 – 8 year old range did not include any students in the Other category.

Table 5

Number and Percent of Students by DSM-IV-TR Diagnostic Category and Age Range

DSM-IV-TR Diagnostic Category	Age Range in Years					
	6 – 8		9 - 10		11 - 13	
	n	%	n	%	n	%
Disruptive Disorders (ADHD)	28	36.4	28	36.4	21	27.3
Disruptive Disorders (non-ADHD)	10	24.4	15	36.6	16	39.0
Mood Disorders	7	20.0	17	48.6	11	31.4
Anxiety Disorders	5	29.4	5	29.4	7	41.2
Other	--	--	4	33.3	8	66.7

Quantitative Results

Research Question 1: What are the levels of emotional awareness of students with emotional and behavioral disorders?

LEAS-C Total scores were analyzed and reported by gender, age range, race and *DSM-IV-TR* diagnosis category. A total of 182 students' data were included in the sample. Tables 6 - 11 report LEAS-C Total mean scores and standard deviations (for first and second administrations) by *DSM-IV-TR* diagnostic category, gender, age range and race.

Table 6 shows the first administration LEAS-C Total mean scores by *DSM-IV-TR* diagnostic category and gender. Males with Anxiety Disorders (n = 11) had the highest mean LEAS-C Total scores during the first administration

(mean = 37.1, SD = 3.7). Females with Disruptive Disorders (non-ADHD; n = 5) had the lowest mean LEAS-C Total scores during the first administration (mean = 32.8, SD = 5.1). Considering all diagnostic categories by gender, LEAS-C Total mean score for females (mean = 35.9) was slightly higher than for males (mean = 35.5).

Table 6

LEAS-C Total Mean Scores and Standard Deviations by Gender and DSM-IV-TR Diagnostic Category: First Administration

Diagnostic Category	Male			Female		
	n	Mean	SD	n	Mean	SD
Disruptive Disorders (ADHD)	69	36.1	3.2	8	36.9	1.6
Disruptive Disorders (non-ADHD)	36	34.1	4.1	5	32.8	5.1
Mood Disorders	28	35.8	4.4	7	36.7	5.4
Anxiety Disorders	11	37.1	3.7	6	36.2	1.5
Other	10	34.8	3.1	2	36.5	3.5
Overall	154	35.5	3.8	28	35.9	3.8

Table 7 shows LEAS-C Total mean second administration scores by *DSM-IV-TR* diagnostic category and gender. Among the highest LEAS-C Total mean scores again were males with Anxiety Disorder (n = 11, mean = 37.0, SD = 4.8). Males and females in the Other *DSM-IV-TR* diagnostic category demonstrated the highest scores overall (n = 10, mean = 37.5, SD = 2.9) and (n = 2, mean = 37.5, SD = 2.1), respectively. Both males and females with

Disruptive Behavior Disorders (non-ADHD) scored the lowest Total mean scores overall ($n = 36$, mean = 34.0, SD = 4.1; $n = 5$, mean = 33.6, SD = 3.4).

Table 7

LEAS-C Total Mean Scores and Standard Deviations by Gender and DSM-IV-TR Diagnostic Category: Second Administration

DSM-IV-TR Diagnostic Category	Male			Female		
	n	Mean	SD	n	Mean	SD
Disruptive Disorders (ADHD)	69	35.5	2.7	8	36.9	3.3
Disruptive Disorders (non-ADHD)	36	34.0	4.1	5	33.6	3.4
Mood Disorders	28	36.0	3.2	7	34.1	3.9
Anxiety Disorders	11	37.0	4.8	6	36.8	4.2
Other	10	37.5	2.9	2	37.5	2.1
Overall	154	35.3	3.4	28	35.6	3.7

Table 8 shows the first administration of LEAS-C Total mean scores by age range and *DSM-IV-TR* diagnostic category. For six to eight year olds ($n = 50$), the highest mean score was seen in students with Anxiety Disorders (mean = 37.2, SD = 1.6). The lowest mean score in the six to eight old range was for students with Disruptive Behavior Disorders (non-ADHD; mean = 34.8, SD = 2.0). For the 9 to 11 year old range ($n = 69$), the highest mean score was seen once again in students with Anxiety Disorders (mean = 37.4, SD = 2.0). The lowest mean score in the 9 - 11 year old range was Disruptive Disorders (non-ADHD; mean = 34.0, SD = 4.7). Consistent with the first two age ranges, the

lowest mean score in the 11 – 13 age range came from students with Disruptive Behavior Disorders (non-ADHD) (mean = 33.8, SD = 4.7). The highest mean score in the 11 - 13 age range was found in students with Disruptive Disorder (ADHD) (mean = 37.1, SD = 4.0). The 6 – 8 year old age range did not include any students in the Other category.

Table 8

LEAS-C Total Mean Scores and Standard Deviations by Age Range and DSM-IV-TR Diagnostic Category: First Administration

<i>DSM-IV-TR</i> Diagnostic Category	Age Range in Years					
	6–8 (n=50)		9–10 (n=69)		11–13 (n=63)	
	Mean	SD	Mean	SD	Mean	SD
Disruptive Disorders (ADHD)	35.7	2.0	35.9	3.2	37.1	4.0
Disruptive Disorders (non-ADHD)	34.1	2.4	34.0	4.7	33.8	4.7
Mood Disorders	37.1	3.5	34.9	5.7	37.0	2.4
Anxiety Disorders	37.2	1.3	37.4	2.0	36.0	4.4
Other	--	--	35.8	2.2	34.8	3.5
Overall	35.7	2.5	35.3	4.2	35.8	4.1

Table 9 continues with the second administration LEAS-C Total mean scores by age range and *DSM-IV-TR* diagnostic category. The highest mean LEAS-C Total score among six to eight year olds was for students with Anxiety Disorders (mean = 36.8, SD = 1.6). The lowest LEAS-C Total mean score in the same age range was for students with Disruptive Disorders (non-ADHD; mean =

34.8, SD = 2.0). Students with Anxiety Disorders had the highest mean LEAS-C Total score among nine to ten year olds (mean = 39.2, SD = 5.4). The lowest mean LEAS-C Total score among nine to ten year olds was for students with Mood Disorders (mean = 34.7, SD = 4.1). In the 11 – 13 year old age range the highest mean LEAS-C Total score was among students with Mood Disorders (mean = 36.9, SD = 2.5) while the lowest mean LEAS-C Total score was found among students with Disruptive Disorders (non-ADHD; mean = 32.6, SD = 3.6). The 6 – 8 year old age range did not include any students in the Other category.

Table 9

LEAS-C Total Mean Scores and Standard Deviations by Age Range and DSM-IV-TR Diagnostic Category: Second Administration

DSM-IV-TR Diagnostic Category	Age range in Years					
	6–8 (n=50)		9–10 (n=69)		11–13 (n=63)	
	Mean	SD	Mean	SD	Mean	SD
Disruptive Disorders (ADHD)	35.3	2.3	35.8	2.5	35.9	3.6
Disruptive Disorders (non-ADHD)	34.8	2.0	34.9	5.1	32.6	3.6
Mood Disorders	36.0	1.7	34.7	4.1	36.9	2.5
Anxiety Disorders	36.8	1.6	39.2	5.4	35.4	5.1
Other	--	--	37.8	3.5	34.9	2.0
Overall	35.4	2.1	35.7	4.0	35.1	3.7

Tables 10 and Table 11 report LEAS-C Total mean scores by race and DSM-IV-TR diagnostic categories for the first and second administration

respectively. Table 10 shows that African American students with Disruptive Behavior Disorders (ADHD) had very similar LEAS-C mean scores (mean = 36.2, SD = 3.0) to White students with Disruptive Behavior Disorders (ADHD; mean = 36.1, SD = 3.4). The largest difference in LEAS-C Total mean scores by race was in the Other diagnostic category. African American students scored higher (n = 4, mean = 36.8, SD = 4.0) than White students (n = 8, mean = 34.3, SD = 2.3).

Table 10

LEAS-C Total Mean Scores and Standard Deviations by Race and DSM-IV-TR Diagnostic Category: First Administration

<i>DSM-IV-TR</i> Diagnostic Category	African American			White		
	n	Mean	SD	n	Mean	SD
Disruptive Disorders (ADHD)	58	36.2	3.0	19	36.1	3.4
Disruptive Disorders (non-ADHD)	22	34.0	4.6	18	33.9	3.7
Mood Disorders	19	36.4	5.2	16	35.5	3.7
Anxiety Disorders	11	36.4	3.5	6	37.5	2.1
Other	4	36.8	4.0	8	34.3	2.3
Overall	114	35.8	3.9	67	35.3	3.5

Note. The one Pacific Islander student is excluded from Table 10.

Table 11 reports LEAS-C Total mean scores and standard deviations by race and *DSM-IV-TR* diagnostic category for the second administration. Similar mean LEAS-C Total mean scores were found among African American students with Disruptive Disorders (ADHD; mean = 35.5, SD = 2.6) and White students with Disruptive Disorders (ADHD; mean = 35.1, SD = 3.3). The greatest

difference in LEAS-C Total mean score was between African American students in the Other category (mean = 37.8, SD = 3.5) and White students in the Other category (mean = 34.9, SD = 2.0).

Table 11

LEAS-C Total Mean Scores and Standard Deviations by Race and DSM-IV-TR Diagnostic Category: Second Administration

<i>DSM-IV-TR Diagnostic Category</i>	African American			White		
	<i>n</i>	<i>Mean</i>	<i>SD</i>	<i>n</i>	<i>Mean</i>	<i>SD</i>
Disruptive Disorders (ADHD)	58	35.5	2.6	19	35.1	3.3
Disruptive Disorders (non-ADHD)	22	34.5	3.8	18	33.6	4.3
Mood Disorders	19	35.9	2.6	16	35.3	4.2
Anxiety Disorders	11	37.2	5.3	6	36.5	2.8
Other	4	37.8	3.5	8	34.9	2.0
Overall	114	35.8	3.3	67	34.8	3.7

Note. The one Pacific Islander student is excluded from Table 11.

Research Question 2: Is there a statistically significant relationship between the level of emotional awareness for Self and the level of emotional awareness for Others for students with emotional and behavioral disorders?

Data was analyzed using a Pearson Correlation to determine the relationships between Self, Other and Total scores. Results are reported in Table 12. The strongest correlation was found between the Other and Total scores of the first administration ($r = .665$, $p < .001$). In the second administration the

relationship between the Other and Total scores weakened ($r = .378$, $p < .001$).

The relationship weakened from the first to the second LEAS-C administration between the Self and Other also ($r = .608$, $p < .001$ and $r = .443$, $p < .001$).

Correlations were statistically significant for both the first and second administrations. While the relationship weakened, it remained statistically significant.

Table 12

Pearson Correlation Coefficient for the Relationships Between Level of Emotional Awareness of Self and Total with Other

LEAS-C Other Score		Coefficient	p – value
First administration	Self	.608	.001
	Total	.665	.001
Second administration	Self	.443	.001
	Total	.378	.001

Given the weak to moderate correlation among LEAS-C Self, LEAS-C Other and LEAS-C Total scores, further analysis for Research Questions 3 and 4 proceeded with a univariate model using each of the three component (Self, Other, Total) LEAS-C scores.

Research Question 3: Do student characteristics such as age, gender, race, DSM-IV-TR diagnostic category and length of stay significantly predict their levels of emotional awareness for Self, Other and Total?

Stepwise multiple linear regression analysis was used to determine the extent to which student characteristics, such as gender, age, race, *DSM-IV-TR* diagnostic category and length of stay predicted the level of emotional awareness of students' Self, Other and Total LEAS-C score for the first and second LEAS-C administration. Each of the three components of LEAS-C score including Self, Other and Total, were considered. For LEAS-C Self First Administration the model was significant for Disruptive Disorders (non-ADHD), $F(1, 179) = 9.361, p = .003$ and is presented in Table 13. The R^2 for the model was .044 indicating that the Disruptive Behavior Disorders (non-ADHD) diagnostic category accounted for 4.4% of the variance of LEAS-C Self score in the first administration. The regression analysis for the first administration indicates that students with Disruptive Behavior Disorders (non-ADHD) score 2.2 points lower on the LEAS-C Self.

Table 13 also shows that two variables entered the stepwise regression model for the LEAS-C Self second administration: age in months entered first and followed by Disruptive Behavior Disorders (non-ADHD). The model final model was significant ($F(1, 178) = 10.076, p < .001$). The R^2 for the model was .092 indicating that age in months and Disruptive Behavior Disorders (non-ADHD) accounted for 9.2% of the variance among scores.

Table 13

Stepwise Regression Analysis Results for Student Characteristics as Predictors of LEAS-C Self First Administration Score and LEAS-C Self Second Administration Score

		LEAS-C Self		LEAS-C Self	
		First Administration		Second Administration	
Predictor		β	p-value	β	p-value
In Model	Step			Step	
Non-ADHD	1	-.22 (B=-2.24)	.003	2	-.21 (B=-1.88)
Age in Months	--	-.14	.064	1	-.23 (B=-0.04)
Not In Model					
Race		.02	.778		.715
Gender		-.07	.371		.946
Length of Stay		-.04	.636		.361
ADHD		.07	.427		.778
Mood		-.08	.302		.734

Note. LEAS-C Self First Administration $R^2 = .044$, LEAS-C Self Second

Administration $R^2 = .092$

Table 14 shows that for the dependent variable LEAS-C Other, significant models were found for both the first administration ($F(1, 179) = 10.750, p = .001$) and second administration ($F(1, 179) = 7.904, p = .001$).

Table 14

Stepwise Regression Analysis Results for Student Characteristics as Predictors of LEAS-C Other First Administration Score and LEAS-C Other Second Administration Score

		LEAS-C Other		LEAS-C Other	
		First Administration		Second Administration	
Predictor		β	p-value	β	p-value
In Model	Step			Step	
ADHD	1	.24 (B=2.16)	.001	--	-.004 .964
Non-ADHD	--	-.14	.097	1	-.21 (B=-2.25) .004
Age in Months	--	-.09	.219	2	-.18 (B=-.04) .013
Not In Model					
Race		.04	.576		-.02 .764
Gender		-.08	.278		.02 .749
Length of Stay		.05	.495		.04 .644
Mood		-.02	.848		-.06 .448

Note. LEAS-C Other First Administration $R^2 = .051$, LEAS-C Other Second Administration $R^2 = .071$

In the first administration, one variable entered the model, ADHD. The R^2 was .051 indicating that 5.1% of the variance was accounted for by the diagnostic category of ADHD. For the LEAS-C Other first administration, students with ADHD scored 2.16 points higher than students in remaining diagnostic categories. In the second administration two variables entered the model:

Disruptive Behavior Disorders (non-ADHD) and age in months. The R^2 was .071 indicating that Disruptive Behavior Disorders (non-ADHD) and age in months together accounted for 7.1% of the variance in student level of emotional awareness.

For the dependent variable LEAS-C Total in both the first and second administration only one variable entered the model, Disruptive Behavior Disorders (non-ADHD). In the first administration the model was significant for Disruptive Disorders (non-ADHD; $F(1, 179) = 10.881, p = .001$). The R^2 was .052 indicating that the diagnostic category Disruptive Behavior Disorders (non-ADHD) accounted for 5.2% of the variance in LEAS-C Total score during the first administration. The results indicated that the presence of the diagnostic category Disruptive Disorders (non-ADHD) contributed to lowering the LEAS-C Total score by 2.2 points. In the second administration the model was also significant for Disruptive Disorders (non-ADHD; $F(1, 179) = 8.332, p = .004$). The R^2 was .039 indicating that Disruptive Disorders (non-ADHD) accounted for 3.9% of the variance. The results indicate that Disruptive Behavior Disorders (non-ADHD) contributed to a lower LEAS-C Total score by 1.74 points. The gap between levels of emotional awareness for the Disruptive Behavior Disorder (non-ADHD) diagnostic category and other diagnostic categories in LEAS-C Total score decreased from 2.2 points in the first administration to 1.7 points in the second administration. Results are in Table 15.

Table 15

Stepwise Regression Analysis Results for Student Characteristics as Predictors of LEAS-C Total First Administration Score and LEAS-C Total Second Administration Score

		LEAS-C Total		LEAS-C Total	
		First Administration		Second Administration	
Predictor		β	p-value	β	p-value
In Model	Step			Step	
Non-ADHD	1	-.24 (B=-2.2)	.001	1	-.21 (B=-1.74)
Not In Model					
Race		.05	.505	.11	.133
Gender		-.03	.719	-.02	.786
Age in Months		.04	.602	-.03	.722
Length of Stay		.08	.270	.14	.052
ADHD		.02	.838	-.06	.479
Mood		-.02	.833	-.03	.738

Note. LEAS-C Total First Administration $R^2 = .052$, LEAS-C Total Second Administration $R^2 = .039$

Research Question 4: To what extent does bibliotherapy intervention exposure predict students' emotional awareness when controlling for their demographic characteristics such as gender, age range, race, DSM-IV-TR diagnostic category and length of stay?

In order to answer the question of the extent to which bibliotherapy intervention exposure predicts students' emotional awareness, an analysis of intervention exposure was conducted first. Table 16 details bibliotherapy, *PATHS* and *TFB* exposure by number of sessions and number of minutes. One hundred forty-nine (81.9%) students received bibliotherapy as part of their treatment program during the time period studied. In addition, one hundred forty-one of the same students (77.5%) received *PATHS*. Forty-two students received *TFB*. One student received both *PATHS* and *TFB* intervention.

Table 16

Means and Standard Deviations of Number of Sessions and Number of Minutes for Bibliotherapy, PATHS and TFB Intervention Exposure

Intervention	Number of Sessions		Number of Minutes	
	Mean	SD	Mean	SD
Bibliotherapy (n = 149)	33	23.6	1293	907.0
<i>PATHS</i> (n = 141)	51	20.1	1941	878.0
<i>TFB</i> (n = 42)	53	26.1	2353	1515.5

The mean number of *PATHS* and *TFB* sessions (n = 51, n = 53 respectively) that students were exposed to was comparable, about one session every other day. The mean number of bibliotherapy intervention sessions was lower (n = 33). Overall, students received more exposure to *PATHS* and *TFB* intervention than bibliotherapy intervention during the 20 week time frame examined.

Neither the number of bibliotherapy intervention sessions nor the number of *PATHS* sessions alone or in combination were found to be significant predictors of LEAS-C second administration scores as reported in Table 17.

Table 17

Stepwise Regression Analysis for LEAS-C Second Administration Scores with Bibliotherapy Intervention Combined with PATHS Intervention as Predictors

Predictor Variable	B	SE _b	Beta	R ²	p - value
Step 1					
Bibliotherapy/PATHS					
# of sessions	.014	.008	.154	.024	.095

However, while bibliotherapy and *PATHS* intervention exposure were not found to be predictors of LEAS-C second administration score, bibliotherapy and *PATHS* combined were found to be correlated with the LEAS-C second administration scores ($r = .154$, $p < .05$).

Table 18 presents the results of the regression analysis used to determine to what extent bibliotherapy intervention predicted students' emotional awareness. No significant predictors were found.

Table 18

Stepwise Regression Analysis Results for Bibliotherapy Intervention Exposure by Number of Sessions as Predictor of Outcome for Level of Emotional Awareness (Total, Self and Other)

Outcome	B	β	p - value
LEAS-C Total Second Administration	.001	.006	.943
LEAS-C Self Second Administration	.000	-.003	.973
LEAS-C Other Second Administration	-.021	-.097	.239

Qualitative Results

Research Question 5: What is the bibliotherapy experience of students with emotional and behavioral disorders?

Student characteristics including gender, age, race and *DSM-IV-TR* diagnostic category whose archival transcribed interviews were analyzed are listed in Table 19. Also noted are each student's LEAS-C Total score from the first and second administration. Purposeful sampling (Patton, 2002) was used to choose transcripts to represent the student sample. First, students were selected who were exposed to higher levels of bibliotherapy intervention and could speak to their experience during the process. Each gender was represented along with both African American and White races. Two of the three age ranges in the study are represented by the one 10 year old (9 – 10 year age range) and the three 12

year olds (11 – 13 year age range). Four different *DSM-IV-TR* diagnoses are represented while the diagnosis fell into two different *DSM-IV-TR* diagnostic categories. The length of stays for each student was 76 months, 26 months, 4 months and 46 months respectively.

Table 19

Gender, Age, Race, DSM-IV-TR Diagnostic Category, LEAS-C Total First Administration Score, LEAS-C Total Second Administration Score of Students Whose Archival Transcribed Interviews Were Analyzed

Gender	Age	Race	DSM-IV-TR Diagnostic Category	LEAS-C First admin.	LEAS-C Second admin.
Male	10	African-American	296.4	38	32
Male	12	White	299	32	36
Male	12	African-American	299.8	32	33
Female	12	African-American	314.01	36	34

Note. 296.4 = Mood Disorder (Bipolar Disorder, Most Recent Episode Hypomanic), 299 = Other (Autistic), 299.8 = Other (Rett's, Asperger's, Pervasive Developmental Disorder NOS), 314.01 = Disruptive Behavior Disorder (ADHD) (ADHD, combined type).

Questions asked in the semistructured interview were:

1. Tell me about your experience with bibliotherapy.
2. How does bibliotherapy help you?

3. How does bibliotherapy help you become more aware of your emotions?
4. What do you dislike about bibliotherapy?
5. What else would you like to tell me about bibliotherapy?

The archival transcribed semistructured student interviews are in Appendix G.

Three overarching themes about the students' bibliotherapy experience emerged from the qualitative semistructured interview data: identification with and desire to know the character(s) of the books, emotional awareness and experience and lessons learned through bibliotherapy.

Identification with and desire to know the character(s).

Each of the students talked about identifying with certain characters in the books and expressed desire to know the characters deeper. When students demonstrated and identified with the character, it was with the situation the character was in and the emotion experienced. One student identified with a character struggling to read, "I know that trouble reading...but at fifth grade she learned how to read." He also identified with the characters emotional experience. The student said, "She began to feel dumb." Another student identified with a character who was being threatened. In reflecting on *The Tiger Rising*, the student said, "This one is interesting. It was very hard to think about because this one right here...the tiger, he was locked up in a cage and this man threatened to kill him." The student went on to describe a situation in which she felt threatened:

They threatened me before...this boy, I don't know his name. But, he threatened me before...I was just sitting there on the bus, and one day this boy came up close to me and he said, 'you are...!' and he finished the part, and I felt it was a threat...I was angry and upset.

When describing his experience with bibliotherapy intervention using *Sadako and the Thousand Paper Cranes*, one boy expressed his desire to understand one of the main characters, "I wanted to know about Sadako," he explained. Sadako was a young girl who died as a result of the radiation from the Hiroshima bombing. He went on to share his experience with dying: "Death makes everyone sad. It makes everyone in the family happy when a new member of the family comes alive. But, when you have a loss, that makes you cry...Two years ago, in 2006, I remember my great uncle. He was in (country). He died." Another student acknowledged that he recognized and identified things in himself that he saw in the stories' characters. "All these books helped me notice one part of me. Like *Mr. Lincoln's Way*, that helped me learn that I don't always have to get my way. I just have to learn what other people have to say and I have to grow up in that mixture."

The students discussed a wide range of emotional awareness and expression in their experience with bibliotherapy. Emotions specifically mentioned by the students included: anger, upset, depression, disappointment, happiness, sadness, interest and dislike. They identified the emotions both in the story characters and within themselves when recalling personal experience.

Emotional awareness and experience.

Dislike was experienced in the context of the work involved with the bibliotherapy process. When asked what they didn't like about the experience, students responded by saying, "It took us a while to read a few of them," "You have to sit down and read it every day," "It was very hard to think about..." "It took too long." Despite not liking the occasions where students felt the process took too long, each of the four students reported a positive experience. They said, "It was interesting," "It's fun to read," "It's fun reading these books. You can learn about them...what characters they are."

"It made me feel really happy. It made me feel that I can grow up and do that sometime. It made me feel that I could do anything."

Lessons Learned.

Examining the students' experiences related to learning, one student explicitly stated what each of the other students implied, "Reading all these books made me feel that each book has a lesson." The students' bibliotherapy experience reflected learning and insight regarding emotion, emotional awareness and social skills. "Sometimes when you're mad or sad, sometimes a good thing might come." "They get you thinking about times of good and times of bad. And, sometimes they are interesting. They (the books) tell you good things. When you read it, it teaches you how to read better."

CHAPTER V

SUMMARY, DISCUSSION, RECOMMENDATIONS AND CONCLUSION

The primary purpose of this study was to examine relationships between bibliotherapy intervention exposure and levels of emotional awareness among students with emotional and behavioral disorders. The research examined the levels of emotional awareness for students with emotional and behavioral disorders. Relationships between students' levels of emotional awareness of Self and for Others were found. The results build foundational knowledge within the literature about bibliotherapy intervention for students with emotional and behavioral disorders. The knowledge promises to add insight for educational and mental health professionals who work with students to provide individualized intervention and specialized treatment programming.

Chapter V includes summary, discussion, recommendations and conclusion of the study. The first part of the chapter is a summary organized by research question and answer. Second, the discussion is presented by relevant topics that emerged in the study. Limitations are addressed. Next, recommendations are made for intervention practices based on the study results

and recommendations are made for further research in this area. Finally, the chapter ends with concluding thoughts.

Summary

Each of the five research questions are restated then followed by a summary.

Research question 1.

What are the levels of emotional awareness of students with emotional and behavioral disorders?

The levels of emotional awareness of students with emotional and behavioral disorder were examined by gender, age range, race, *DSM-IV-TR* diagnostic category and length of stay. The answer to this research question is addressed by student characteristics. First, regarding gender, females' LEAS-C Total mean scores were higher than males' LEAS-C Total mean scores; however, the difference was not statistically significant. Bajgar et al. (2004) pooled data from three separate LEAS-C studies to examine gender differences of 702 children ages 9 – 13 (360 females, 342 males). Significant gender differences in LEAS-C scores were evident in the Bajgar study which had a much larger sample size. The females' LEAS-C Total scores were significantly higher than the males' LEAS-C scores. While Bajgar et al. (2004) found statistically significant differences by gender, this study did not corroborate that finding. This study found that females showed higher levels of emotional awareness than males but the difference was not statistically significant.

Regarding age range, the LEAS-C Total mean score for the first administration started at 35.7 for the 6 – 8 year olds, moved down to 35.3 for the 9 – 10 year olds, then back up to 35.8 for 11 – 13 year olds. For the second administration the 6 – 8 year olds' LEAS-C Total mean score was 35.4, then up to 35.7 for 9 – 10 year olds, then down to 35.1 for 11 – 13 year olds. None of the differences between group's scores were statistically significant. While differences were small, by race, African American students scored higher in level of emotional awareness than White students in both the first and second LEAS-C administrations.

Students with Disruptive Disorder (including Oppositional Defiant Disorder and Disruptive Behavior Disorder) consistently scored lower on the LEAS-C measure of emotional awareness while students with Anxiety Disorder showed the highest level of emotional awareness overall. Students' length of stay correlated with students' age, thus it was difficult to determine whether emotional awareness changed related to length of stay or age. Scores are reported in relationship to subgroups since norms of level of emotional awareness using the LEAS-C have not yet been established.

Research question 2.

Is there a statistically significant relationship between the level of emotional awareness of Self and the level of emotional awareness for Others for students with emotional and behavioral disorders?

A statistically significant relationship was found in this study between the levels of emotional awareness of Self and the level of emotional awareness for

Others for students with emotional and behavioral disorders. A correlation was found between student LEAS-C scores for Self and LEAS-C scores for Total with Other both the first and second administration respectively. The first administration's correlation was stronger than the second administration's correlation. One possible reason the correlations between Self, Other and Total scores weakened may be related to how the students' emotional development changed with regard to Self and Other. Perhaps emotional growth occurred in relationship to Self but did not occur at the same rate in relationship to emotional awareness of Other thus weakening the correlation between the two scores.

Another possible reason for weakened correlation may be related to how reliably protocols were scored. A greater variation in scoring may have resulted in a mathematically weaker correlation. While LEAS-C protocol raters achieved a high level (greater than 90%) of agreement in scoring during training, extensive reliability studies have not yet been conducted with the LEAS-C as an instrument. Thus, the reliability may be problematic despite additional scrutiny of how protocols were scored, and in some cases, re-scored.

Often it seems that students can identify emotions in others, yet they fail to demonstrate the same emotional awareness in themselves. This research suggests that the levels at which students in this study are emotionally aware is similar whether they are considering themselves or another person. The difference that is often noted may be due to issues related to emotion motivation instead of ability to demonstrate emotional awareness. Elfenbein et al. (2002) explains that a potential difference between an assessment context and real life

is the request for the student to make a judgment about their feelings or someone else's feelings. The request in the assessment context focuses students' conscious attention on decoding emotional stimuli. The focused attention and motivation can serve to create differences in awareness where there is none in more ecological settings. It is important to consider how assessments may also inadvertently measure attention and the motivation to understand others.

Another explanation of the discrepancy between level of emotional awareness of Self and Other may have to do with a physiological mechanism that causes emotion to bypass conscious awareness. This type of physiological change may be a result of previous trauma in a child's life.

Research question 3.

Do student characteristics such as age, gender, race, DSM-IV-TR diagnostic category and length of stay significantly predict their levels of emotional awareness for Self, Other and Total?

Student age, DSM-IV-TR diagnostic categories of Disruptive Behavior Disorders (non-ADHD) and Disruptive Behavior Disorders (ADHD) were found to be statistically significant predictors of level of emotional awareness for Self, Other and Total. Regarding student age in months for both level of emotional awareness for Self and Other, every additional month of student age predicted a decrease in LEAS-C score of .04 points. This decrease was found to be statistically significant. The decrease begs an explanation. Consider that one of the primary tasks of pre-adolescence is to begin an integration of identity. For

students who have experienced trauma, a type of “dissociation” potentially occurs between themselves and their emotions as a protective factor, defensive mechanism, allowing for coping with extreme traumatic circumstances. The developmental task involving integration may be challenged by traumatic emotional experiences resulting in depressed level of student emotional awareness.

It is important to note that while age was found to be a statistically significant predictor of students’ level of emotional awareness for Self, and Other, LEAS-C scores by age range did not show statistically significant differences. This contradiction may relate to how age was factored in to the analyses for each research question. For Research Question 1, age was considered by age *range*: 6 – 8 year olds, 9 – 10 year olds and 11 – 13 year olds. Differences were not found between LEAS-C scores among the three age ranges. For Research Question 3, however, age was considered as number of months when entered into the regression model. When age was considered as number of months, age was found as a statistically significant predictor of second administration LEAS-C scores for Self and Other but not for Total.

Regarding *DSM-IV-TR* category, Disruptive Behavior Disorders (non-ADHD; including students with Oppositional Defiant Disorder, $n = 33$, Disruptive Behavior Disorder, $n = 8$) predicted a lower level of emotional awareness by 2.2 points on the LEAS-C. Disruptive Disorders (non-ADHD) and student age in months together accounted for the greatest variance for in LEAS-C Self second administration scores at 9.2%. The LEAS-C Self score gap between Disruptive

Disorders (non ADHD) and Disruptive Disorders (ADHD) decreased in the second administration. In other words, this could mean that the students with Disruptive Disorder (non- ADHD) made greater gains in developing level of emotional awareness compared to students with Disruptive Disorders (ADHD). Of note, students with Disruptive Disorder (ADHD) started at a higher level of emotional awareness at the first measure.

Race, gender, length of stay and Mood Disorders were also considered and analyzed in relationship to predicting level of emotional awareness. None of those student characteristics were found to be statistically significant predictors in any regression model. The diagnostic categories of Anxiety and Other, were excluded from analysis due to insufficient subgroup sample sizes.

Research question 4.

To what extent does bibliotherapy intervention exposure predict students' emotional awareness when controlling for their demographic characteristics such as gender, age range, race, DSM-IV-TR and length of stay?

No statistically significant predictors were found by bibliotherapy intervention exposure for students' emotional awareness when controlling for gender, age range, race, *DSM-IV-TR* or length of stay. However, bibliotherapy exposure combined with *PATHS* intervention exposure correlated with students' emotional awareness. The positive change in emotional awareness may be related to the way the two interventions are combined. One possibility may be that the integration of bibliotherapy with *PATHS* may provide more complete

therapeutic groundwork for the development of students' level of emotional awareness. Another possibility may be that the increased number of intervention minutes may offer the exposure level sufficient for promoting change.

Research question 5.

What is the bibliotherapy experience of students with emotional and behavioral disorders?

The bibliotherapy experience of students with emotional and behavioral disorders in this study is based on four archived student interviews that were transcribed. The four students expressed similar themes about their experiences. The themes that emerged from the interviews were identification with and desire to know the characters, emotional awareness and expression and insights discovered through lessons learned. The students' experiences describe the recognized stages of bibliotherapy: identification, catharsis, insight and universality as theorized by Shrodes (1950).

The importance of the identification stage to the students was apparent from the interviews. Each student identified with characters from the stories and wanted to know more about them. In bibliotherapy intervention the step of choosing books that best match the students is critical. The match takes the form commonality between the student and the story characters by race, age, gender and other student characteristics. Furthermore, another important match can be that the circumstances characters face in the story are similar to issues challenging the student (e.g., bullying, death, friendship problems). The students' experiences regarding identification reflect what Livengood (1961) presented. He

said that, “the reader experiences the same feelings as the characters through vicarious identification, releasing his own emotions in the process” (p. 339).

Similarly, a study by Schechtman (1999) found aggressive children identified with characters presented in the books and that bibliotherapy may be an accurate diagnostic tool in working with aggressive children:

Through their identification with characters presented in the literature, they seem able to share meaningful private information that helps us to understand the circumstance under which childhood aggression prevails. These [circumstances] include primary relationships in the family, frustrations in schooling, and peer rejection (p.50).

The stage of catharsis in this study was demonstrated as the students described experiencing emotion during the bibliotherapy intervention sessions. Emotional experience during bibliotherapy provides the opportunity to work through emotional issues in the controlled, safe, therapeutic environment. As one student said, “It made me cry...” This is an example of an opportunity to help the student understand how an emotion is connected to behavior. For example, crying is a behavioral response to an underlying emotion. Helping students understand how their emotions are connected to and sometimes drive their behavior is a key to developing healthy emotional responses (Long & Fecser, 2001).

What the literature refers to as “insight” was seen in the learning the students reported. Students’ experience with bibliotherapy in this study reflected identification, catharsis, insight (and universality) as described in the literature (Shrodes, 1950). Overall, the students embraced the bibliotherapy intervention and spoke of many benefits.

Discussion

Several interesting topics emerged as a results of the study that are worthy of discussion. First, issues regarding the student characteristics of gender, age, race and *DSM-IV-TR* diagnostic category surface in relationship to levels of emotional awareness. Second, the construct of emotional awareness is brought to light with regard to measurement. Finally, students’ experience with bibliotherapy as outlined in the qualitative results draw attention to discussion and implications about programmatic and individualized intervention planning.

Gender and emotional awareness has been previously studied and also examined in the current study. Studies of younger students and adults show consistent results indicating that females have higher levels of emotional awareness. Bosacki and Moore (2004) analyzed gender differences in preschoolers. The study showed that, independent of vocabulary ability, girls scored higher than boys on emotional labeling and understanding of complex emotions.

Barrett et al. (2000) also found that adult females score higher than males in emotional awareness as seen in studies of adults. In Barrett’s study females from seven samples scored higher on emotional awareness than males. The

females ranged in age, scholastic performance, socioeconomic status and culture. Once again, even when verbal intelligence was controlled for, women evidenced more complexity and differentiation in their articulation of emotional experience than men.

A study by McRae et al. (2008) found gender differences in the neural basis of emotion regulation. Recently, using functional magnetic resonance imaging (fMRI), two non-competing explanations were offered. First, men may expend less effort on cognitive regulation since they may use more automatic emotion regulation. Second, women may use positive emotion to reappraise negative emotion to a greater degree. Studies continue using fMRI to explore differences by gender including differences regarding emotional awareness and emotion regulation.

The emotional awareness of girls in this study was higher than for boys but the difference was not statistically significant. One explanation for this finding may involve the impact of an emotional or behavioral disorder which may reduce any differences between boys and girls for students with emotional or behavioral disorders. Another explanation could be found by the discrepancy in this study's sample size (males = 154, females = 28). The low number of females may have prevented sufficient power in the statistical analysis to detect a significant difference in scores. Even so, girls were found to demonstrate higher levels of emotional awareness than boys.

Regarding age range, there were no statistically significant differences between LEAS-C Total mean scores and the age ranges. These findings are

different from results reported in the literature regarding cognitive developmental theory and emotional awareness. Lane and Schwartz (1987) suggested that emotional development proceeds in a similar fashion to Piaget's cognitive developmental theory (Piaget, 1937). Developmental theory is based on the notion that more complex ways of thinking and understanding emotion develop with age. Wintre and Vallance (1993) also described a scalable sequence of emotional development for young children where the use of multiple emotions, varying intensity of emotions, and valence of emotions emerge in an orderly, developmental sequence.

According to the cognitive developmental theory of emotional development, a student develops from a lower to a higher level of emotional awareness. For example, a student moves from emotional awareness via an action tendency (e.g., hitting, throwing, punching etc.) to a more conscious and complex understanding that emotions can be experienced as blended or that more than one emotion can be experienced at one time. The goal of emotional awareness is a key since it is well established that emotional behavior can be displayed in the absence of a simultaneous conscious emotional experience (Ohman et al., 2000). Emotional awareness precedes identification, expression and certainly emotion regulation. The results of this study lay a foundation from which to compare levels of emotional awareness of students with emotional and behavioral disorders with students who are not identified in this way.

The fact that statistically significant differences in emotional awareness were not found, between age ranges, warrants further discussion. A few possible

explanations are suggested. First, the time frame examined may not have been sufficient. Twenty weeks lapsed between the first and second LEAS-C administrations. Given the complexity and often slow progression of emotional growth, it is possible that twenty weeks is not enough time to allow for change in emotional awareness. On a related front, the problem may also rest in the sensitivity of the instrument used to measure emotional awareness. Perhaps any changes in emotional awareness that may have occurred were not detectable by the LEAS-C in the time frame studied. Currently, no test – retest data is available for the LEAS-C (J. Bajgar, personal communication, September 2008).

Another explanation of why no differences were found in level of emotional awareness between age ranges may relate to the study sample. Eighty-five percent of the students whose data was studied were male. Cultural expectations for boys not to show emotions other than anger especially as they get older may be reflected in the lack of differences between genders and among age ranges in this study. Greater sample and subgroup sizes related to age range and gender may have afforded greater statistical power for this analysis.

Finally, no change may be the result of students' emotional fatigue. Students may get tired of talking about their emotions. They may become entrenched in a rote reporting of emotions in order to meet treatment program expectations. Certainly, examination of why student emotional awareness may not change over time is an ongoing necessary discussion.

The cognitive developmental perspective on emotional development was not fully validated in the current study's findings when looking at LEAS-C Total

scores by age range. As noted earlier, this may be explained by either a different progression of development for students with emotional and behavioral disorders or the possibility that instrumentation and timeframe of this research were too limited to trace expected changes in emotional awareness by age. Bajgar and Lane (2004) in their study of emotional awareness among typically developing students, also did not find the expected differences among scores by age. A strong possibility explaining this finding is that the “orderly, developmental sequence” of emotional development may differ between typically developing children and children with emotional and behavioral disorders whose progress may have been thwarted. Another possibility is that the emotional development needs more time.

Regarding the independent variables of gender and age, this study’s finding are compared to what Bajgar (2004) found. For gender, Bajgar also found that girls have higher levels of emotional awareness than boys. For age, a contradiction is noted in that level of emotional awareness progresses so that older children have higher levels of emotional awareness than younger children. A difference between the current study and Bajgar (2004) is the sample of students. The current study examined students with emotional and behavioral disorders, and the Bajgar study examined students without emotional and behavioral disorders who were typically developing. The difference between student populations could explain that the same steady increase of level of emotional awareness as age increases was not found. The potential problems

with emotional development patterns in students with emotional and behavioral disorders may explain differences in their LEAS-C scores.

The findings suggest that students with Disruptive Behavior Disorders (non-ADHD), which in this study include students with Oppositional Defiant Disorder and Disruptive Behavior Disorder, demonstrate lower levels of emotional awareness as demonstrated by “action tendencies” (e.g., physical fighting, smashing car windows, school vandalism). In the cognitive developmental approach to emotion awareness as measured by the LEAS-C, action tendencies related to emotion are examples of Level 1, one of the lowest levels of emotional awareness. Moreover, this study predicts that students with Disruptive Behavior Disorders (non-ADHD) will score 2.2 points lower on the LEAS-C Total score than other students not in that *DSM-IV-TR* diagnostic category. The depression of emotional awareness of students in this category may be connected to traumatic experiences that affect full integration and awareness of emotional experience. Non-statistically significant differences in LEAS-C Total score between other diagnostic categories ranged from 0.0 points to 1.2 points.

This data calls for further exploration about why students with Oppositional Defiant Disorder and Disruptive Behavior Disorder demonstrate a depressed level of emotional awareness according to the LEAS-C. Implications for treatment planning and implementation exist. One explanation may point to a student history of trauma. A student’s emotional world is impacted by traumatic events. In order for healing to occur in treatment, non-verbal emotional trauma needs a

verbal expression or “narration” (Bloom, 1994). While there is significant comorbidity between anxiety disorder, disruptive disorders and depression (Russo & Beidel, 1994), the importance of pursuing interventions that build the capacity for emotional expression regardless of diagnostic label cannot be overstated.

In this study, a noticeable change in emotional awareness was seen for students with Oppositional Defiant Disorder and Disruptive Behavior Disorder. While the present study did not confirm bibliotherapy intervention exposure alone as a particular isolated variable accounting for the change, likely some combination of intervention and other variables contributed to the noted change. Perhaps this endorses the belief that bibliotherapy intervention serves as a valuable adjunct to other treatment.

The ability to assess emotional awareness in children has been restricted due to the complex nature of emotion coupled with a paucity of instrumentation. In this study the LEAS-C, an instrument for children that was developed based on the LEAS-C for adults (Lane et al., 1990), was used to assess levels of emotional awareness. The “level” introduces a way to assess a student’s emotional awareness from a cognitive developmental perspective determined by increasing levels of structural complexity.

One key question is whether the LEAS-C is just another measure of verbal ability. While specific studies have not yet been conducted to answer this question, this has been explored with adults (Lane et al., 1990). Lane found that the LEAS correlated with the Wechsler Adult Intelligence Scale Revised (WAIS-R) and the LEAS correlated with the Shipley Institute of Living Scale (Shipley,

1940), a multiple-choice measure of verbal ability. These data suggest that verbal ability may contribute to LEAS performance. Several studies have now been conducted showing when verbal ability is controlled, significant differences on the LEAS-C are still observed (Barrett, in press). Generalization can not be made to children; however, further exploration of the relationship between emotional awareness and verbal ability of children is prudent.

The findings regarding the levels of emotional awareness for students with emotional and behavioral disorders may mean that more information can become available for diagnostic assessment and intervention planning. First, a measure of emotional development offers another piece of valuable assessment information about the student for service providers. Good assessment information can contribute to higher quality, specialized and truly individualized treatment and intervention programming. Subsequently, interventions implemented can be matched more closely to the student's needs. A number of social skills training and intervention programs are designed to address emotions including emotion identification, expression and regulation (Harper, 2006).

Developing empathy, awareness of others' emotions, rests as a foundational component in intervention programs. If, however, the student's level of emotional awareness is at a developmentally low or impaired state, programs that ignore emotional awareness and jump to or start at identifying emotions may miss a critical developmental phase during which emotion is brought to a conscious awareness. Student assessment and intervention programming can

benefit from information and knowledge regarding students' levels of emotional awareness.

Given the relative few studies published using the LEAS-C, a comparison between the levels of emotional awareness for students with and without emotional and behavioral disorders, especially by diagnosis, is not currently available. A perspective regarding level of emotional awareness by *DSM-IV-TR* diagnosis may be offered through attention to studies with adults. The *DSM-IV-TR* describes Disruptive Behavior Disorders (non-ADHD) with criteria related to emotional awareness.

The independent variable, race, presented an interesting statistic relative to the demographic data of the sample. The results showed that African American students were identified before entering day treatment as having Disruptive Disorder (ADHD) at a rate three times higher than White students. This pattern has been reflected in other studies in the literature (Schwartz & Feisthamel, 2009; Stevens, Harman & Kelleher, 2004; Feisthamel & Schwartz, 2009; Maddox & Wilson, 2004) and requires attention.

Qualitative results give a glimpse of the powerful impact bibliotherapy has on individual student's experience with emotional awareness and expression in addition to treatment programming implications. Small changes that may not be statistically significant can have major therapeutic significance for an individual child.

Limitations

The study had several limitations. The LEAS-C is a relatively new measure whose validity and reliability is still being established. The LEAS adult version has undergone eight separate psychometric studies (Lane et al., 2000). The paucity of available reliability and validity studies on the LEAS-C is a potential limitation. The potential inadequacy of the LEAS-C may explain why a relationship was not found between bibliotherapy intervention alone and students' level of emotional awareness. Furthermore, what can be captured quantitatively in any instrument doesn't capture the complexity of emotional development.

Nonetheless, proceeding to gather this type of psychometric data is beneficial. The study results may begin defining norms for students with and without emotional and behavioral disorders. The struggles and limitations of studying emotion are longstanding as noted in the opening address of the Wittenberg Symposium of Feelings and Emotions of 1927: "The fact that science has been so conspicuously slow in trying to dissipate the fog of the emotional states may have its general explanation primarily in the fact that man has always been reluctant to undertake the study of his own real self" (Reymert, 1950).

The data set used posed a few potential limitations. For example, the students' original data set, which represented 85% African American students, was gathered and archived by a team of twelve White research assistants. While not necessarily limitations, studies have pointed out issues regarding

assessment, intervention implementation and counseling across cultures that are important to consider (Pack-Brown & Fleming, 1995).

Second, the data set represented 182 students who each had both a first and second LEAS-C administration. An additional 40 students' data were not included due to either discharge from PEP prior to the second administration or enrollment after the first administration. This prevented acquisition of two LEAS-C administrations. Knowing the exclusion of those 40 students, the data set may not be a true representation of the student sample at the time. Additionally, results of the study cannot be generalized due to the overall small sample size. It should be noted, however, that a data set size representing 182 students with emotional and behavioral disorder is quite respectable.

Next, the timeframe for this study had merits and limitations. On the one hand, the bibliotherapy intervention time period considered for this study was much longer than other bibliotherapy studies. In fact, other bibliotherapy studies reflected much shorter timeframes: four weeks, six weeks, with the longest timeframe reported being 15 weeks. This study's timeframe between the LEAS-C first administration and LEAS-C second administration was twenty weeks. It is also noted that the current study was not a true intervention study due to limitations regarding getting a true pre-intervention measure. On the other hand, twenty weeks may not be considered a long enough timeframe within which adequate assessment of emotional development in children can take place.

Also related to the data set, during the original data collection, intervention data was archived on a Bibliotherapy Intervention Exposure Tracking Chart. The

recording on this chart relied on staff report. Potential human error in reporting the exact number of intervention exposure minutes for bibliotherapy, *PATHS* and *TFB* poses another possible study limitation. The intensity of the day treatment setting could have impacted the accuracy of day-to-day record keeping. Bibliotherapy intervention implementation along with *PATHS* or *TFB* was assumed.

Aside from the data set, *DSM-IV-TR* diagnoses as an independent variable may have presented limitations. The *DSM-IV-TR* diagnosis reported was the most recent in the data base and some were more recently reviewed than others. Axis II diagnoses (secondary diagnoses) were not considered in this study. Another limitation is the use of *DSM-IV-TR* as a way to make distinctions between groups of students since there is a significant co-morbidity between anxiety disorder, disruptive behavior disorders and depression (Russo & Beidel, 1994). Co-morbidity of ADHD with conduct disorder (50%), Oppositional Defiant Disorder, anxiety disorders, speech and language disorders (78%), and learning disabilities (40% - 70%) is extremely high (Mayes, Calhoun & Crowell, 2000). While the specific *DSM-IV-TR* diagnosis was considered for each student, diagnoses were grouped into diagnostic categories for analysis. The diagnostic grouping may have resulted in obscuring specific diagnostic criteria present in one diagnosis but not another in the same category.

In examining study limitations the potential shortcoming of the qualitative data is evaluated. During the original George Gund Foundation Grant data collection, student interviews were short, between 15 and 20 minutes each. More

in depth conversation would have been favorable but not possible due to the students' ages and interest in getting back to the classrooms after their interviews. Reportedly, one student was also quite distracted by the voice recorder used during the original data collection which may have limited their thoughts about questions being asked. Deeper exploration through longer interviews or a series of interviews can help overcome this limitation.

Finally, teacher counselor effect likely contributed to the results yet is not accounted for in this study. This is certainly a limitation. A wide range of backgrounds represented the staff who implemented bibliotherapy, *PATHS* and *TFB*. Staff licensure varied, a range of experience was represented and expertise in facilitating therapeutic groups ran along a continuum. The student-teacher relationship and therapeutic alliance influence outcomes. This study was limited without a way to account for that impact.

Having given consideration to the noted study limitations in this section, the next section offers recommendations.

Recommendations

Recommendations are made based on findings of the study, and recommendations are made for further research. First, based on the findings of this research, the following recommendations can be made regarding the bibliotherapy intervention curriculum itself, training related to intervention implementation and continued development and use of the LEAS-C.

Recommendations based on findings.

1. Consider the use of LEAS-C as a screener at intake. Few instruments are in use regarding the assessment of student emotional development. The use of the LEAS-C can offer a couple of benefits. First, the instrument may suggest a need for a more detailed history specifically regarding traumatic events that students have experienced. Understanding trauma informs the treatment approach (Bloom, 1997). Second, following additional studies establishing solid reliability and validity, the LEAS-C may be used as a measure of progress related to student emotional development.
2. Integrate bibliotherapy intervention with other forms of intervention. This recommendation echoes suggestions in the research literature that endorses bibliotherapy as an “adjunct” to other treatment. In this study, bibliotherapy intervention along with *PATHS* in the day treatment yielded a positive correlation to students’ level of emotional awareness.
3. Adopt a trauma informed approach to treatment. In other words, student’s level of emotional awareness may serve as an indicator for the type of interventions the student needs. Attending to the student’s current ability to connect to their own feelings combined along with careful consideration of their social and emotional history can yield more successful outcomes.

4. The bibliotherapy intervention curriculum used by PEP has been in a process of refinement and improvement and could benefit from the following actions. As with any intervention program, implementation integrity is important. While the scripted lessons are helpful, the completion of an overall program implementation manual is needed. In an examination of intervention programs many have been found without manuals, yet moving programs into being evidence based requires written manuals.
5. Ongoing training regarding the use of bibliotherapy is recommended given the potential complexities an educator or mental health professional may encounter. Asking practitioners what type of training would be most helpful (Kranke & Demchuk, 2008) and evaluating how well they become grounded in the therapeutic use of literature perhaps by the *Bibliotherapy Knowledge Survey* (Pehrsson & McMillen, 2005) may move the practice of bibliotherapy forward. The practitioner's ability to integrate bibliotherapy with other forms of treatment is particularly valuable. Recommendations are intended to enhance bibliotherapy use while keeping in mind that generalization is cautioned beyond PEP day treatment centers. Second, adjusting the content of the lessons to maximize therapeutic effect should be ongoing. Third, since "identifying with the character" is important continue to expand the book list. The stories need to match student diversity

with respect to age, gender, race, socioeconomic status and types of problem issues. This will better serve to offer students “identification” with the book characters.

Recommendations for Further Research.

Recommendations are made for further research which can expand our understanding of emotional awareness of students with emotional and behavioral disorders.

1. Study of age ranges outside of this study would be beneficial. Some studies have been conducted, including Waliski (2008) that found emotional awareness and positive coping behaviors were increased from pre-intervention to post-intervention and generally maintained through follow-up evaluation. Effects were measured using the Emotional Identification Measure (EIM) and the Achenbach Child Behavior Checklist: Caregiver-Teacher Report Form for Ages 2 – 5 (CBC).
2. Continued psychometric studies establishing validity and reliability of the LEAS-C are needed. A co-developer of the LEAS, Lane, suggests that “there is considerable potential” for further development of the LEAS-C (R. Lane, personal communication, April 2009). A computer program designed to score the LEAS-C is being proposed (J. Bajgar, personal communication, April 2009).
3. Continued research is warranted on gender differences with respect to emotions and gender differences related to affective

disorders. Also, ongoing study in emotional awareness by race can inform intervention practices and culturally sensitive and relevant approaches to treatment.

4. Further research investigating emotional awareness throughout a broader age range may shed light on important developmental patterns and factors critical for understanding emotion especially for students with emotional and behavioral disorders.
5. Given the potential confounding variables in studying emotional and intervention for students with emotional and behavioral disorders, additional research using a quasi-experimental or experimental design could control for exposure to other interventions and factors impacting potential student growth.
6. Parallel case studies would also reveal the efficacy of bibliotherapy that is so important to examine on an individual basis. One possible question may include to what degree a student's identification with story characters correlates with improvement in level of emotional awareness.

Conclusion

The study of interventions and student emotional awareness is necessary for understanding and developing a wide array of best practices for helping students with emotional and behavioral disorders. The literature references various types and many forms of bibliotherapy intervention and whether those approaches are effective or not. The studies yield mixed results. As the current

study found and suggests, the real research questions should not focus on if bibliotherapy is effective or not but on how the use of bibliotherapy may be most helpful as an adjunct to other interventions and treatment approaches. The current study found that there is something to be said, for example, about the combination of bibliotherapy with *PATHS* given that a correlation was found between bibliotherapy exposure combined with *PATHS* exposure and level of emotional awareness.

On the subject of emotional awareness, helping students connect their emotions to their behavior is an indispensable foundation on which lasting behavior change takes place. Accurate assessment of the students' functioning level of emotional awareness allows educators and mental health professionals to plan individualized interventions and inform overall programming. Furthermore, the precise ongoing appraisal offered through bibliotherapy intervention also provides needed data for progress monitoring and adjustment of implemented specialized intervention programming.

In conclusion, as reflected earlier, Hobbs (1994) in the Re-ED fashion said, "Trust between child and adult is essential, the foundation on which all other principles rest, the glue that holds teaching and learning together, and the beginning point for reeducation" (p. 245). Trust is the fiber that runs through relationships with students and through which change, therapeutic and otherwise, occurs. In the end, ultimately we hope that our students "grow up strong in body, quick of mind and generous of spirit."

“Competence makes a difference, and children and adolescents should be helped to be good at something, especially at schoolwork” (p. 251). We continue to strive towards developing interventions like bibliotherapy to build emotional (and academic) competence. “Feelings should be nurtured, shared spontaneously, controlled when necessary, expressed when too long repressed, and explored with trusted others” (p. 269). Feelings connect to the significance of emotional awareness mainly for students who bear scars of life’s difficult moments. “The group is very important to young people, and it can be a major source of instruction in growing up” (p. 277). Group based interventions such as the bibliotherapy intervention described in this study have been shown to be effective and therefore, deserve consideration when deciding among various models and methods of therapeutic treatment.

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APPENDICES

APPENDIX A

Bibliotherapy Intervention Exposure Tracking Chart

Classroom number _____

Student Alpha ID	Intervention	Mon 14-Jan	Tue 15-Jan	Wed 16-Jan	Thu 17-Jan	Fri 18-Jan	Other variables*
	Biblio (min.)						
	PATHS (min.)						
	Biblio (min.)						
	PATHS (min.)						
	Biblio (min.)						
	PATHS (min.)						
	Biblio (min.)						
	PATHS (min.)						
	Biblio (min.)						
	PATHS (min.)						
	Biblio (min.)						
	PATHS (min.)						

*List other variables you feel intervene to improve student's level of emotional awareness

Please double check that you are listing the Bibliotherapy minutes on top and the PATHS minutes on bottom for each student

APPENDIX B
Levels of Emotional Awareness Scale For Children (LEAS-C)

Name _____

Male ☐ Female ☐

Age _____

Grade _____ School _____

Today's date/...../.....

Day Month Year

Directions

Over the page different situations are described. Each situation involves two people – yourself and another person. Please describe how you would feel in these situations. Please describe how you think the other person would feel. You must use the word “feel” in your answers. It doesn’t matter if your answer is short or long. It doesn’t matter if the words are spelt incorrectly. There is no right or wrong answer. Just remember to write about how you and the other person would feel.

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1. You are running in an important race with a friend you have trained with for some time. As you get close to the finish line you twist your ankle, fall to the ground and can't continue. Your friend goes on to win the race. How would you feel? How would your friend feel?
2. You and your mom are coming home at night. As you turn onto your block you see fire trucks parked near your home. How would you feel? How would your mom feel?

3. You and your friend decide to save your pocket money and buy something special together. A few days later your friend tells you that he has changed his mind and has spent his money. How would you feel? How would your friend feel?
4. Someone who has said nasty things about you in the past comes up to you and says something really nice. How would you feel? How would the other person feel?

5. Your dad tells you that the family dog has been run over by a car and that the vet has to put the dog down. How would you feel? How would your dad feel?
6. You and a whole lot of other kids are running around at lunchtime. You and another kid crash into each other and you both fall down hard to the ground. How would you feel? How would the other kid feel?

7. The dentist tells you that you have some problems with your teeth that need to be fixed immediately. The dentist makes an appointment for you to come back the next day. How would you feel? How would the dentist feel?
8. Your teacher tells you that your work is not acceptable and must improve. How would you feel? How would your teacher feel?

9. You have become very good friends with the new kid in class. You hang around together a lot and feel you know each other really well. One day she invites you over to her house. You discover that her family is really rich and that your friend has everything you have ever wanted. She tells you that she kept this a secret because she thought kids would only be interested in her for her money. How would you feel? How would your friend feel?
10. The teams are being chosen and most of the players have been picked. There are two kids left over and you are one of them. But they only need one more player. How would you feel? How would the other kid feel?

11. Your friend is sharing some chips with you and some other kids. You notice he is giving more chips to the other kids than to you. How would you feel? How would your friend feel?

12. Your best friend comes over to see you after being away for several weeks. How would you feel? How would your friend feel?

APPENDIX C

Positive Education Program Intervention-based Bibliotherapy Program

Title	Author	Level
A Chair for My Mother	Williams, Vera B.	Primary
A Single Shard.....	Park, Linda Sue	Secondary
The Accident.....	Carrick, Carol	Primary
Alexander and the Terrible, Horrible, No Good, Very Bad Day	Viorst, Judith	Primary
Annie and the Old One	Miles, Miska	Primary
Arthur's Eyes	Brown, Marc	Primary
Bats Past Midnight	Jennings, Sharon	Primary
The Black Snowman.....	Mendez, Phil	Primary
Bravo, Maurice	Bond, Rebecca	Primary
Buddha Boy	Koja, Katie	Secondary
Bullies are a Pain in the Brain.....	Romain, Trevor	Primary
The Cats in Krasinski Square	Hesse, Karen	Primary
Cliques, Phonies, and Other Baloney.....	Romain, Trevor	Primary
The Colors of Us.....	Katz, Karen	Primary
Crickwing	Cannon, Jannell	Primary
Dancing in the Wings.....	Allen, Debbie	Primary
Donovan's Word Jar	DeGross, Mona Lisa	Secondary
Everett Anderson's Goodbye	Clifton, Lucille	Primary

The Fight	Boegehold, Betty D.	Primary
First Part Last.....	Johnson, Angela	Secondary
Flossie and the Fox	McKissack, Patricia C.	Primary
Franklin's Bad Day.....	Bourgeois, Paulette	Primary
Freedom Summer.....	Miles, Deborah	Primary
Giraffes Can't Dance	Andreas, Gilas	Primary
Gleam and Glow	Bunting, Eve	Primary
Grandpa, Is Everything Black Bad?	Holman, Sandy Lynne	Primary
The Hat.....	Brett, Jan	Primary
Holes	Sachar, Louis	Secondary
Homecoming	Voigt, Cynthia	Secondary
How to Lose All Your Friends.....	Carlson, Nancy	Primary
The Hundred Dresses	Estes, Eleanor	Primary
I'm New Here	Howlett, Bud	Primary
It's OK to be Different	Parr, Todd	Primary
Joey Pigza Swallowed the Key.....	Gantos, Jack	Secondary
Kitten's First Full Moon	Henkes, Kevin	Primary
The Laughing River - a folktale for peace	Vega, Elizabeth Haze	Primary
Let's Talk About Race	Lester, Julius	Primary
The Little Engine That Could	Piper, Wally	Primary
The Misfits	Howe, James	Secondary
Mississippi Bridge.....	Taylor, Mildred D.	Secondary
Mississippi Morning	Vander Zee, Ruth	Primary
Monster	Myers, Walter Dean	Secondary

Mr. Lincoln's Way	Polacco, Patricia	Primary
Mufaro's Beautiful Daughters	Step toe, John	Primary
No Mirrors in My Nana's House	Barnwell, Ysaye M.	Primary
No One Can Ever Steal Your Rainbow.....	Meislin, Barbara	Primary
Now Let Me Fly: The Story of a Slave Family....	Johnson, Delores	Primary
Olivia and the Missing Toy	Falconer, Ian	Primary
On My Honor	Bauer, Marion Dane	Secondary
One Thousand Paper Cranes.....	Ishii, Takayuki	Secondary
Over the Wall.....	Ritter, John H.	Secondary
Pink and Say	Polacco, Patricia	Primary
Sadako	Coerr, Eleanor	Primary
Sadako and The Thousand Paper Cranes	Coerr, Eleanor	Secondary
Skin Again	Hooks, Bell	Primary
The Skin I'm In-A First Look at Racism	Thomas, Pat	Primary
Small Pig	Lobel, Arnold	Primary
Smoky Night	Bunting, Eve	Primary
Something Beautiful	Wyeth, Sharon	Primary
Stand Tall, Molly Lou Melon (original)	Lovell, Patty	Primary
Stand Tall, Molly Lou Melon (alternate)	Lovell, Patty	Primary
Stand Tall, Molly Lou Melon (bullying)	Lovell, Patty	Primary
Stop Picking on Me: A First Look at Bullying	Thomas, Pat	Primary
Tales of a Fourth Grade Nothing	Blume, Judy	Secondary
The Tenth Good Thing About Barney.....	Viorst, Judith	Primary
Thank You, Mr. Falker	Polacco, Patricia	Primary

That's Philomena	Bancroft, Catherine	Primary
The Tiger Rising	DiCamillo, Kate	Secondary
Touching Spirit Bear	Mikealsen, Ben	Secondary
Trapped Between the Lash and the Gun	Witmore, Arvella	Secondary
The Ugly Duckling	Brown, Margaret Wise	Primary
Up the Learning Tree.....	Vaughan, Marcia	Primary
The Wall	Bunting, Eve	Primary
The Watsons Go To Birmingham - 1963	Curtis, Christopher Paul	Secondary
We Beat the Street	Davis, Sampson, et al.	Secondary
What Are You So Grumpy About?	Lichtenheld, Tom	Primary
Where Do Balloons Go? An Uplifting Mystery ...	Curtis, Jamie Lee	Primary
Where the Wild Things Are.....	Sendak, Maurice	Primary
Whirlgig	Fleischman, Paul	Secondary
Wings	Myers, Christopher	Primary
Yesterday I Had the Blues	Frame, Jerome Ashford	Primary

APPENDIX D

WINGS

Christopher Myers
Scholastic Press, New York, 2000
Reading Level approx. 3.4
Interest Level Gr. 1-3, themes would reach older students
Number of pages – 39
ISBN 0-590-03377-8

Social-Emotional Themes

- Celebrating one's uniqueness
- Embracing differences
- Rejection
- Bullying / teasing
- Isolation
- Friendship

Summary

This is a beautifully written and illustrated story about a new boy who moves into the neighborhood. His name is Ikarus, and he has beautiful *WINGS*. In spite of this beauty, he is ridiculed by everyone from the people in the neighborhood to the students and teacher at school. He is appreciated by only one person, a quiet girl who is also teased and kept isolated from the community. She is finally able to find her courage and her voice when she stands up for Ikarus and silences all those who would reject them.

WINGS – Lesson Plan 1

Introduction to Theme

Language Arts Objectives/Academic Content Standards (LA):

The student will

1. be introduced to the theme
2. gain an interest in the story
3. make predictions

Mental Health Objectives (MH):

The client will

1. The child will define what it means to be unique
2. The child will acknowledge feelings related to being unique, both positive and negative
3. The child will express thoughts and feelings through verbal, artistic, and/or physical activity

Vocabulary Objectives: (for all lessons)

The student will:

1. blend phonemes of letters and syllables to read unknown words
2. identify number of syllables in vocabulary words
3. determine the meaning of unknown words using a variety of context clues, including words, sentence, and illustration clues.

Vocabulary Procedure:

1. Write each word on the board/chart paper using large print
2. Read each word aloud for the students
3. Have students repeat the word
4. Repeat each word enunciating syllables
5. Repeat and have students clap syllables
6. Using word on board, draw lines to separate syllables
7. Read each syllable part, then read the full word
8. Use each word in a sentence, and ask the students to identify its meaning
9. Have students draw sketch of each word on prepared vocabulary sheet provided at end of lesson set

Vocabulary:

Word	Syllabication	Sentence from book using word
strange	strange	Look at that strange boy with <i>WINGS</i> .
neighborhood	neigh-bor-hood	Everyone who lived in our neighborhood was watching.
Ikarus	I-ka-rus	His name is Ikarus Jackson.
tongues	tongues	The students had staring eyes and wagging tongues.
whisper	whis-per	The whole school watched and whispered about his wings.
pigeons	pi-geons	He sat on the edge of the building, with the pigeons.
whistle	whis-tle	The policeman blew his whistle.
trouble	trou-ble	He told Ikarus he would get in trouble.
beautiful	beau-ti-ful	I told him, "Your flying is beautiful."
amazing	a-maz-ing	Ikarus is an amazing boy.

Progress Note Template:

During bibliotherapy session (*WINGS*, C. Myers) which focused on feeling identification and social interaction, staff and students discussed how they and others respond to people who are different. The client

Necessary Materials:

- Teacher text only
- Vocabulary Words list and sentences

Direct Instruction: (Teacher should directly state those items in **bold** print; *directions/tips for teacher in italics*; SUGGESTED ANSWERS IN SMALL CAPS)

INTRODUCTION:

This week we will be talking about a boy named Ikarus who is different from everyone else. Although his difference is really beautiful, people are very mean to him because he is unique, and doesn't look or act like everyone else.

ACTIVITIES:

1. (LA/MH) **What does it mean to be unique?** *Staff should help students define “unique.”*
 - **Tell me one thing about yourself that is unique.** *Staff should help students identify something they recognize as unique.*
 - **How do peers and adults treat you since you have this unique quality?** *Answers may be both positive and negative.*

Show the students the cover of the book WINGS, and ask them to identify what is unique about the boy on the cover.

2. (LA/MH) *Have students look closely at the cover, and identify where the title of the story is, and where the name of the author is.*

Have the students describe the artwork on the cover, and try to explain how it was created.

3. (LA/MH) *Complete vocabulary procedure.*
Discuss compound words: rooftops, blackboard, basketball, handball, policeman

4. (LA/MH) **I wonder what this story might be about... Based upon what you see on the cover, and knowing that we are talking about what makes us unique, what do you think it might be about?** A BOY WHO HAS WINGS, WHICH IS UNIQUE.

- **How do you think people will treat a boy who has wings?** THEY THINK IT IS COOL, WEIRD, HE’S AN ANGEL, ETC.

CLOSING:

Read the first page of the story to build anticipation for next lesson.

WINGS – Lesson Plan 2

Explore Character & Setting

Language Arts Objectives/Academic Content Standards (LA):

The student will

1. listen attentively to the story and ask questions for clarification
2. identify characters, events, and setting in the story

Mental Health Objectives (MH):

The client will

1. identify events that caused Ikarus and the narrator to feel isolated as a result of their differences
2. identify how Ikarus expressed his feelings
3. identify the conflict felt by the narrator

Progress Note Template:

During bibliotherapy session (*WINGS*, C. Myers) which focused on feeling identification and expression of feelings, (or, social interaction, etc.) staff and client discussed events which caused Ikarus and the narrator to express feelings of isolation and (sadness, anger, etc.). The client

Necessary Materials:

- Books for teacher and students
- Chart paper or chalk / white board to make list

Direct Instruction: (Teacher should directly state those items in **bold** print; *directions/tips for teacher in italics*; SUGGESTED ANSWERS IN SMALL CAPS)

INTRODUCTION:

Today I will be reading the story **WINGS**, by Christopher Myers. As I read the story aloud, I want you to follow along silently in your book. I want you to listen to find out about the things that happen to the main character, Ikarus, as well as the girl who is narrating (or telling) the story. Think about how the other people they meet treat them, and think about how this makes them feel. When I am finished, you will be able to ask questions about the story. Then we will work as a group to make a list of things that happen to the main characters.

ACTIVITIES:

1. (LA/MH) *Read the story aloud. Have the students look at the photos and try to identify who the narrator is (the yellow girl). Allow students to ask questions about the story. Note story events that match predictions from previous lesson.*
2. (LA/MH) **Who are the main characters in the story?** IKARUS, THE NARRATOR
 - **How do you know they are the main characters?** BECAUSE THE STORY IS ABOUT IKARUS AND HIS WINGS, AND THE NARRATOR IS THE ONE WHO (TELLS ABOUT HER FEELINGS IN THE STORY, HELPS IKARUS, STANDS UP FOR IKARUS, ETC.)
 - **Who are some of the other characters in the story?** THE PEOPLE IN THE NEIGHBORHOOD, KIDS AND ADULTS, THE TEACHER.
 - **Can someone identify some of the settings of this story?** *Staff should help students review the meaning of “setting” if necessary. Settings include: THE NEIGHBORHOOD, THE CLASSROOM, THE PLAYGROUND.*
3. (LA/MH) **We have already identified that Ikarus has a unique quality, which causes people to treat him differently. Let’s make a list of events that happened, and describe how people responded when each event occurred.** *Select kids to re-read pages aloud, or read aloud for them, pausing to add events to chart:*
 - Ikarus is flying above rooftops – neighbors call him a strange boy
 - Ikarus is new to the school, and has *WINGS* – kids whisper about his wings, hair and shoes
 - Ikarus went to the classroom – the teacher complained that his wings blocked the board, and blamed Ikarus for causing other kids to be unable to pay attention
 - The teacher told Ikarus to leave the class – a kid laughed at Ikarus
 - Ikarus went to the playground – the big group made fun of his wings
 - Ikarus tried to play ball with the kids – kids didn’t want to play with him, called him a “show off”
 - Ikarus left the playground – the narrator felt sorry for him, and understood his loneliness
 - Ikarus flew to the top of a building and sat down – the police officer yelled at him for being dangerous
 - Ikarus got the direction from the police officer – the narrator worried that he might be put in jail for being different and this caused the kids to laugh at Ikarus
 - Ikarus fell to the ground – the narrator told everyone to stop laughing at him, she stood up for him
 - Ikarus flew to the narrator – she told him he was beautiful
 - The narrator told him Ikarus he was beautiful – he kept flying, and smiled

4. (LA/MH) Why did the people make fun of the narrator, and what do you think she was thinking and feeling during these events? *The people teased her because she was quiet and shy. She felt really badly, and sorry for Ikarus. She wanted to stand up for him, but did not have any confidence, because everyone had done the same kind of teasing and mean behavior to her.*

- **What did Ikarus and the narrator have in common regarding how they expressed their feelings?** *They both withdrew, and didn't react with aggression.*

- **Is this always the best way to react?** *Not necessarily, because even though they are not fighting, they are getting very sad and they are lonely (depression).*

- **Why did these situations cause the narrator to feel uncomfortable?** *Because she really wanted to do something to help, but she didn't have the courage to stand up for what she knew was right when everyone else was doing the wrong thing.*

- **What did she finally decide to do?** *Once she had enough, she finally stood up for Ikarus, and by helping him feel better she made herself feel so much better, and stronger.*

CLOSING:

Let's take a moment to go back and look at the illustrations in the book. Find the one illustration that you think is the most important. *Allow several minutes for students to look.*

- **Who is ready to share their choice and tell us why you chose it?** *Encourage various answers – reflects students' unique opinions.*

WINGS – Lesson Plan 3

Timeline & Feelings Connection

Language Arts Objectives/Academic Content Standards (LA):

The student will

1. identify events in a story and establish a feelings timeline
2. compare information and recognize similarities with personal experiences
3. re-read sections of the story to build fluency

Mental Health Objectives (MH):

The client will

1. acknowledge and identify with the thoughts, feelings, and needs of others via characters in a bibliotherapy novel
2. connect events to feelings, using illustrations as well as text, and identify cause-effect relationships in reference to feelings
3. understand the benefits of expressing one's feelings in a safe environment

Progress Note Template:

During a bibliotherapy session (*WINGS*, C. Myers) which focused on expression of feelings, staff and client discussed events that caused Ikarus and the narrator to express their feelings of loneliness, isolation, and (other feelings). The client

Necessary Materials:

- Previous charts/lists
- Books for teacher and students

Direct Instruction: (Teacher should directly state those items in **bold** print; *directions/tips for teacher in italics*; SUGGESTED ANSWERS IN SMALL CAPS)

INTRODUCTION:

Yesterday we talked about some of the mean and hurtful things people did to Ikarus and the narrator, because they were different. The narrator described for us how she felt, which helps us understand how Ikarus might be feeling. Today, we are going to re-read some parts of the story, and look at the illustrations of Ikarus and the narrator, to try to figure out what they are feeling when each of these things happen to them.

ACTIVITIES:

1. (LA/MH) *Determine whether you will ask about feelings for all or only some of the events. Have each student re-read portions of the text, either on their own (if they are able), or using echo reading or choral reading.*

Pause at the end of each page or section, and have a student identify the event listed on the chart, and how it might have made Ikarus feel.

Ask students to identify any of the illustrations as you are reading that give body language cues to how Ikarus and/or the narrator are feeling.

2. (LA/MH) *Write the feeling(s) identified for each event next to the event on the original chart, to create a feeling timeline. Discuss how and why that event might cause that feeling. [Feelings are phrases in brackets.]*

Ikarus is flying above rooftops – neighbors call him a strange boy
[confusion, hurt]

Ikarus is new to the school, and has *WINGS* – kids whisper about his wings,

hair and shoes [nervous, shy]

Ikarus went to the classroom – the teacher complained that his wings blocked the board, and blamed Ikarus for causing other kids to be unable

to pay attention [embarrassed, hurt, confused, angry, afraid]

The teacher told Ikarus to leave the class – a kid laughed at Ikarus
[embarrassed, hurt, angry]

Ikarus went to the playground – the big group made fun of his wings
[embarrassed, hurt, angry]

Ikarus tried to play ball with the kids – kids didn't want to play with him, called him a "show off" [hurt, isolated, lonely, frustrated, angry]

Ikarus left the playground – the narrator felt sorry for him, and understood

his loneliness [hopeless, sad, lonely]

Ikarus flew to the top of a building and sat down – the police officer yelled at

him for being dangerous [scared of getting in trouble, feels like he has no

options, hopeless]

Ikarus got the direction from the police officer – the narrator worried that he

might be put in jail for being different AND this caused the kids to laugh

at Ikarus [scared, feeling like there is no solution or options, lonely, confused]

Ikarus fell to the ground – the narrator told everyone to stop laughing at him,
she stood up for him [embarrassed, angry, lonely, friendless]
Ikarus flew to the narrator – she told him he was beautiful [hopeful, joyful,
happy, excited, confident]
Ikarus kept flying, and smiled [happy!]

3. (LA/MH)What are some of the things that caused Ikarus and the narrator to feel lonely, isolated, and angry?

- THE KIDS MADE FUN OF THEM AND LAUGHED AT THEM
- THE TEACHER SAID HE WAS RUINING THE LEARNING OF OTHERS BECAUSE HE WAS BLOCKING THE BOARD WITH HIS WINGS.

Counseling Note: This concept has a lot of potential carry over for our kids. During their school careers, they have probably been identified as the key problem child in a classroom. This could tap into feelings of failure and rejection. You could create a complete group meeting on feelings related to this issue.

- THE KIDS REFUSED TO PLAY WITH HIM, TELLING HIM HE WAS A SHOW OFF, AND LAUGHING AT HIM, WHICH CAUSED HIM TO FEEL LIKE HE WAS NOT A PART OF THE GROUP.

Counseling Note: This is also a good topic for a group meeting. Ask kids how isolation and lack of acceptance sometimes cause kids to become part of a negative group. If the typical kids don't accept someone, sometimes "bad" groups of kids like gangs are the only ones willing to accept them.

- IKARUS AND THE NARRATOR WERE JUST TRYING TO BE THEMSELVES AND WERE NOT BOTHERING ANYONE ON PURPOSE, BUT THE OTHERS STILL HARASSED THEM WITH THEIR RUDE AND UNACCEPTING BEHAVIOR.

4. (LA/MH) How might Ikarus and the narrator express their feelings and needs differently, so they would not have remained isolated for so long?

Accept any reasonable answer... THE NARRATOR COULD HAVE INTRODUCED HERSELF EARLIER SO THEY COULD HAVE BECOME FRIENDS RIGHT AWAY, THEY COULD HAVE SOUGHT HELP FROM A CARING ADULT, IKARUS MIGHT HAVE ASKED TO HAVE A PARENT TALK TO THE TEACHERS ABOUT HIS WINGS, ETC. THIS QUESTION IS A LITTLE TRICKY, BECAUSE PEOPLE'S INTERACTIONS WITH IKARUS AT EVERY LEVEL WERE SO DEVASTATING. YOU MAY HAVE TO PROVIDE A LOT OF GUIDANCE FOR THE GROUP.

- **How do you think the narrator finally found her voice, to stand up for Ikarus?** EVERYONE GETS TO A POINT OF FRUSTRATION WHERE THEY HAVE TO STAND UP FOR WHAT THEY BELIEVE IN. THE NARRATOR FINALLY GOT TO THAT POINT.
- **How did this change her life?** SHE FINALLY FELT CONFIDENT, AND FELT LIKE SHE HAD A FRIEND.

WINGS – Lesson Plan 4

Client Connection

Language Arts Objectives/Academic Content Standards (LA):

The student will

1. re-read sections of the story to build fluency
2. identify elements of the story such as setting, characters
3. provide his own interpretation of the story using information from the text

Mental Health Objectives (MH):

The client will

1. identify events that caused him to feel the same feelings and frustrations as Ikarus and the narrator
2. identify and label the personal feelings experienced during these events
3. consider and plan an alternative, healthy mechanism for dealing with similar personal experiences that cause feelings such as rejection, loneliness, isolation, and anger

Progress Note Template:

During a bibliotherapy session (*WINGS*, C. Myers) which focused on expression of feelings, staff and client discussed a plan for developing alternative, healthy mechanisms for dealing with rejection, loneliness, and anger. The client

Necessary Materials:

- Books for teacher and students
- Chalk / white board

Direct Instruction: (Teacher should directly state those items in **bold** print; *directions/tips for teacher in italics*; SUGGESTED ANSWERS IN SMALL CAPS)

INTRODUCTION:

We have been reading about Ikarus and the narrator, and how other people made them feel because they are unique, and a little bit different from everyone else. Yesterday, you created a feeling timeline and identified some of the things that people did to Ikarus and the narrator, and how these events made the characters feel.

ACTIVITIES:

1. (LA/MH) Can anyone tell me some of the settings where Ikarus and the narrator heard things that made them feel bad? Try to find pages in the story that tell you the answer to this question, and we will read them aloud. *Students should use their story as the source for identifying these events. They should read the section aloud, if they can, or the teacher can help them read using echo reading techniques. After reading, they should identify the place where the event occurred as the “setting”.* ANSWERS INCLUDE: IN THE NEIGHBORHOOD, ON THE PLAYGROUND, AT SCHOOL.

2. (LA/MH) We have all felt lonely, isolated, and teased, and we have also done this to others. Today we will identify one thing that others have done to us that made us feel hurt, and like we are not part of the group. We will talk about who can help us when we feel this way, and talk about a plan for handling these feelings differently. We will also talk about trying to stand up for what is right when everyone around you is doing something mean. *During a group session, have each student discuss an event in their life that caused them to feel hurt or isolated. Staff should guide this discussion to help students identify an event that is an easily identified problem area.*

Counseling Note: If this is a very problematic issue for the student (if they are the recipient of a lot of teasing, or isolated from the class group), you may want to talk to them ahead of time, and let them practice talking about what hurts them before they are in front of the large group that teases them. Let them know this will be a big challenge for them, and encourage them to be assertive. You might want to consider arranging a contract or reward for them if they are able to remain with the group and deal with the discussion.

Talk to the group about various ways of dealing with either their own feelings of isolation, or if the student is a victimizer, a plan for interacting with others in a way that is not teasing or mean. A staff member should take notes of each of the plans for the role play activity during lesson 5.

CLOSING:

Summarize list of events - role play ideas. Consider comparing to Ikarus' experiences.

WINGS – Lesson Plan 5

Apply Learning

Language Arts Objectives/Academic Content Standards (LA):

The student will

1. classify words or groups of words from the story into categories
2. deliver/participate in presentation that demonstrates understanding of theme and application to personal experience.

Mental Health Objectives (MH):

The client will

1. understand the benefits of expressing one's feelings appropriately
2. practice an alternative, healthy mechanism for dealing with personal experiences that cause feelings of isolation, loneliness, or rejection, and the anger that may result; using role play as a means of practicing this mechanism

Progress Note Template:

During a bibliotherapy session (*WINGS*, C. Myers) which focused on expression of feelings, client role played alternative, healthy methods for dealing with personal experiences that cause feelings of isolation, loneliness, rejection, or anger. The client

Necessary Materials:

- Books for teacher and students
- Copies of plans for dealing with frustrating events

Direct Instruction: (Teacher should directly state those items in **bold** print; *directions/tips for teacher in italics*; SUGGESTED ANSWERS IN SMALL CAPS)

INTRODUCTION:

Today we will use our role play activity to practice using the plans we made yesterday for dealing with frustrating events. If you were not able to come up with a plan, you can participate in a role play with a peer.

ACTIVITIES:

1. (LA/MH) *Pass out the plans to each student. When determining which student should go first, try to make sure it is a higher level student, or someone who is more comfortable with role plays. If the students are not sure about how to do role plays, staff should be the second person in the role play. If students are comfortable with the process, coach other students to be the second person in the role play. (MH)*
 - *Staff should set up each role play by describing the event and the setting, and introduce who the “characters” are. If the student wants to play himself, he can be one of the characters. If the student is not comfortable playing himself, he may become a “fictional” character.*
 - *Have as many students as possible complete their role play activity. This may take more than one day. During this session, or at another group meeting, the staff and students may give each other feedback on the role play. In addition, students should be encouraged to use their role play in real settings, and report on their success at future group meetings.*
2. (LA/MH) **What was the most important thing you learned about being unique, from the story *WINGS* as well as our role play?** *Probe for answers from kids focusing on their own unique needs. For some kids who have been victimizers, there is some potential for digging to find out if they are willing to share incidents where they have been rejected, and how that sometimes leads a person to become “mean” to others.*
3. (LA/MH) Vocabulary: Classification of words into categories:
Ask children to identify the categories, and why they would put certain words in each category.

Category titles for this list might include: rude behaviors, mean behaviors, compliments, etc.

Identify categories of feelings for these phrases:

- STRANGE BOY,
- STRONG, PROUD WINGS,
- STARING EYES,
- WAGGING TONGUES,
- WHISPER ABOUT,
- COMPLAINED,
- DRAGGING HIS FEATHERS,
- SNICKERED AT,
- LAUGHING AT,
- SHOW-OFF,
- GLARING EYES,
- POINTING FINGERS,
- LONELY,
- WINGS DROOPED,
- AMAZING

CLOSING:

Give the students an assignment to create an image of their unique characteristics, using the same art media as was used by the author/illustrator of WINGS. This can be the basis of continued discussion in other groups, including using it as a therapeutic art activity, a speech oral presentation activity, or as part of a descriptive writing activity.

VOCABULARY

WORD:_____

SENTENCE:_____

DESCRIPTION:
ANTONYM (OPPOSITE):
SYNONYM (SIMILAR/SAME):

APPENDIX E

DANCING IN THE WINGS

Debbie Allen
Illustrated by Kadir Nelson
Dial Books for Young Readers, New York, 2000
Reading Level approx: grade 4
Number of pages – 29
ISBN – 0-8037-2501-9

Progress Note Themes

- Teasing – peer and sibling interactions
- Social interaction

Summary

Sassy worries that her big feet, her extra long legs, and even her big mouth will prevent her from becoming a star ballerina. She experiences teasing from her brother and from girls in her dance class. When Mr. Debato, the director of an important dance festival, comes to audition her class, Sassy's first attempts to get noticed are definitely not appreciated. In the end, Sassy discovers that she can overcome obstacles, her talent can prevail, and she can step into the spotlight and make her mark on the world.

This selection is part of the Positive Education Program Cultural Responsiveness Committee's book collection for students.

Dancing in the Wings Bibliotherapy Curriculum Guide
© Positive Education Program – Elaine Harper, author

DANCING IN THE WINGS – Lesson Plan for Day 1

Objectives and Academic Content Standards (ACS):

1. The child will be introduced to the theme
2. The child will gain interest in the story
3. The child will make predictions
4. The child will distinguish the number of syllables in vocabulary words
5. The child will determine the meaning of unknown words using context clues

Mental Health (MH) Objectives:

1. The child will define the feelings that will be addressed in the story (happy, excited, disappointed, and angry)
2. The child will identify and acknowledge feelings related to the theme / emotional impact of the given story
3. The child will express thoughts and feelings appropriately

Progress Note Template:

During a bibliotherapy session (*Dancing in the Wings* by Debbie Allen) which focused on expression of feelings, staff and client discussed the identification of feelings related to (theme / feeling / emotional experience) experiences. The client was (not) able (with prompting) to identify a recent event in his / her life that was (theme / feeling / emotional experience), and described how s/he dealt with the situation. The client said (briefly describe the experience and the client's reaction to it including examples of what the client said).

Necessary Materials:

Teacher text only

Vocabulary words list and sentences

Direct Instruction: (Teacher should directly state those items in **bold** print.)

1. (ACS) **Let's look at the illustration, the picture, on the book cover. By reading the title and looking at the illustration, what do you think this book is about?** Accept reasonable responses. **What makes you think that?** Help students identify reasons to support their responses.
2. (MH) **How do you think the girl in the illustration is feeling?** (happy, excited) **How can you tell?** Accept reasonable responses and encourage attention to non-verbal body language.
3. (MH) **The girl is also going to feel disappointed and angry in this story. What does it mean to feel disappointed?** (to fail to satisfy the hope or expectation of) **When might someone feel disappointed?** Endorse appropriate situations. **What does it mean to feel angry?** (a strong feeling

of displeasure and often of active opposition to an insult, injury or injustice)
When might someone feel angry? Endorse appropriate situations.

- 4. (ACS) Throughout the story we will come across our vocabulary words for this week. These are our words.** Introduce the vocabulary and the vocabulary procedure.

Vocabulary Procedure:

1. Write each word on the board, using large print.
2. Read each word aloud for the students.
3. Have the students repeat the word.
4. Repeat each word enunciating the syllables.
5. Repeat, and have the students clap the syllables.
6. Using the words on the board, draw lines to separate syllables.
7. Read each syllable part, then read the full word.
8. Use each word in a sentence, and ask students to identify the meaning.

Vocabulary:

Word	Sentence from book using word
re-ci-tals	At our recitals all the other girls got to dance solos and duets.
Ta-lent-ed	Mr. Debato from the Russian school is coming next week to look for talented young people.
Whirl-pool	The whole room turned into a whirlpool of excitement as the sign-up sheet was posted.
Well-ing	I couldn't hide the tears I felt welling up in my eyes, so I just grabbed my dance bag and ran to the parking lot.
Au-di-to-ri-um	It's a waste of time to go to the auditorium.
Sni-cker-ing	I ignored their snickering.
In-tro-duced	Miss Katherine came and introduced Mr. Debato.
Ap-plaud-ed	Everybody applauded.
a-da-gi-o	Next was the adagio, a slow section.
Im-i-ta-ted	Mona imitated a turkey.
En-vy	Molly and Mona watched looking pea-green with envy.
Trog-lo-dyte	You have the rhythm of a troglodyte.
Po-ten-tial	Sassy, you have a great deal of potential.
Pro-te-ge	In class the first day Mr. Debato introduced me to his twelve-year old protégé, a boy named Dwight who was five feet ten inches tall.

Compound words: backstage, spotlight, pickup, shoestrings, football, goalpost, tryout, sunglasses

Extra practice with compound words:

(ACS) Review with students that a compound word is a combination of two or more words. Ask students to write or say a sentence that shows how each part of the compound word contributes to its meaning.

Backstage is the part of the stage in the back that the audience doesn't see.

Spotlight is a type of light that creates a spot for the dancer to be seen.

You can pick something to put up in the back of a pickup truck.

The strings that hold your shoe together are shoestring.

A ball that you can kick with your foot is a football.

The post that marks a goal on a field is the goal post.

Glasses that are worn to protect your eyes from the sun are sunglasses.

Final activities:

- (ACS) **The author starts the book with a poem and an illustration to get us thinking about what the story is about. Listen to the poem and think about what the author is telling us.** Read the poem and show the illustration
- Read the first page of the story to build anticipation for the next lesson.

DANCING IN THE WINGS – Lesson Plan for Day 2

Objectives and ACS:

1. The child will listen attentively to the story, *Dancing in the Wings* by Debbie Allen.
2. The child will identify characters, events, and setting in the story.
3. The child will identify events in the story and establish a timeline.
4. The child will ask questions for clarification

Mental Health (MH) Objectives:

1. The child will identify specific events / character feelings from the story
2. The child will begin making a connection between the cause / effect relationship of events and emotions / feelings, and will be able to discuss this relative to the character in the story

Progress Note Template:

During a bibliotherapy session (*Dancing in the Wings* by Debbie Allen) which focused on expression of feelings, client identified events in the story which caused the character to feel (theme / feeling / emotional experience). The client was (not) able (with prompting) to create a list of events which caused conflict for (character) to express his feelings of (feeling). This list included (identify specific items cited by the client).

Necessary Materials:

Teacher text
Student texts
Chart paper
Marker

Direct Instruction: (Teacher should directly state those items in bold print)

1. (ACS) Repeat vocabulary procedure steps 2, 3, 4 and 5.
2. (ACS/MH) **Today you will listen carefully as I read the story *Dancing in the Wings* by Debbie Allen. I want you to identify the characters, events and the setting in the story. Also, think about how the characters might be feeling as things happen in the story. We'll make a list of the events and feelings when the story is over.**
3. (ACS/MH) Read the story aloud (approximately 10 minutes)
4. (ACS) **Who is the main character?** (Sassy) **Describe Sassy.** (She is tall with big feet and wants to dance in the spotlight.) **How did Sassy get her name?** (Sassy is mom's nickname for her since she likes to put her hands on her hips. Sassy always has something to say.)

5. (ACS) **Who are some of the other characters?** (Sassy's mother, Mama; Sassy's brother, Hughie; Sassy's uncle, Uncle Redd; Mona and Molly, girls in Sassy's dance class; Miss Katherine, Sassy's dance teacher; Mr. Debato, dance instructor from the Russia school)
6. (ACS) **How is Sassy the same as Mona?** (They like to dance; they take the same dance class; they both audition for the summer dance concert.)
How are Sassy and Mona different? (They have different height; Sassy is chosen for the summer dance concert while Mona is not chosen; Sassy wears a yellow leotard to the audition while Mona wears a black leotard to the audition.)
7. (ACS) **What is the setting of the story?** (The setting changes as the story unfolds. Throughout the story events take place in Sassy's neighborhood, Sassy's dance classes and finally Sassy's dance performance in Washington, D.C.)
8. (ACS/MH) **Next, we will make a time line of the events that happened in the story.** Record student responses on chart paper for use during the next lesson.

Sassy and Hughie tease each other.

Sassy trips Miss Katherine during dance class.

Sassy watches a dance performance from backstage.

Miss Katherine announces that Mr. Debato from the Russian school is coming to their class looking for dancers for the summer dance festival.

Sassy signs up to audition.

Uncle Redd picks up Sassy from dance class and they talk on the way home.

Sassy gets home and Hughie and his friends tease her and laugh.

Sassy sees herself dancing on the Milky Way.

Sassy goes to the audition.

Sassy is separated from the other seven dancers that were left.

Mr. Debato tells Sassy she has lots of potential and chooses her to dance in the summer dance festival.

Sassy's family picks her up from the audition.

Sassy travels to Washington D. C. to dance.

Sassy gets to dance a duet in the summer concert.

9. (MH) **During which event do you think Sassy felt happy? Excited?**
 Note the feeling next to the event student identifies.

Tomorrow we will talk more about the characters feelings and how they handled themselves in the story.

DANCING IN THE WINGS – Lesson Plan for Day 3

Objectives and ACS:

1. The child will compare information and recognize similarities with personal experiences
2. The child will re-read sections of the story to build fluency

Mental Health Objectives:

1. The child will acknowledge and identify with the thoughts, feelings, and needs of others via characters in a bibliotherapy novel
2. The child will connect events to feelings, using illustrations as well as text, and identify cause / effect relationships in reference to feelings
3. Via bibliotherapy, the child will understand the benefits of expressing one's feelings in a safe environment

Progress Note Template:

During a bibliotherapy session (*Dancing in the Wings* by Debbie Allen) which focused on expression of feelings, staff and student discussed events which caused (character) to express his feelings of (feeling). He was able to match events to feelings, identifying that (event) made the character feel (feeling).

Necessary Materials:

Teacher text
Student texts
List of events from previous day's lesson

Direct Instruction:

1. (ACS) Repeat vocabulary procedure steps 2, 3, 4 and 5.
2. (MH) **Today as I re-read the story, think about how characters are feeling.** To facilitate student focus and feelings identification give students a visual cue (i.e. feelings cards, "How are you feeling today?" handout, a list of feelings words, direct attention to a classroom feelings poster or any other manipulative typically used in the classroom for feelings identification.) Students may re-read the story instead of staff.
3. (ACS/MH) **Who did Sassy talk to when she was feeling upset?** (She talked to her mom and her Uncle Redd) **How did Sassy feel after she talked to her mom or her Uncle Redd?** (She felt better)
4. (ACS/MH) **Yesterday we created a time line of story events. Today we will identify what the character was feeling and connect that to each**

event. As I re-read each event that we identified, raise your hand if you can tell me what the character was feeling. We will write the feeling(s) next to the event. Display the list of events generated yesterday. Have students consider each event and identify what the character was feeling.

Sassy and Hughie tease each other. (hurt, sad, disappointed)
Sassy trips Miss Katherine during dance class. (Sassy feels regret; Miss Katherine feels embarrassed.)
Sassy watches a dance performance from backstage. (jealous, sad, hopeless)
Miss Katherine announces that Mr. Debato from the Russian school is coming to their class looking for dancers for the summer dance festival. (excited, nervous)
Sassy signs up to audition. (nervous, excited, worried)
Uncle Redd picks up Sassy from dance class and they talk on the way home. (comforted)
Sassy gets home and Hughie and his friends tease her and laugh. (angry, embarrassed, disappointed)
Sassy sees herself dancing on the Milky Way. (happy, proud)
Sassy goes to the audition to try out (nervous, anxious, excited, and worried)
Sassy is separated from the other seven dancers that were left. (sad, worried)
Mr. Debato tells Sassy she has lots of potential and chooses her to dance in the summer dance festival. (happy, excited)
Sassy's family picks her up from the audition. (excited, overjoyed, thankful, happy)
Sassy travels to Washington D. C. to dance. (excited, nervous)
Sassy gets to dance a duet in the summer concert. (happy, pleased, proud, excited)

5. (MH) Sometimes our feelings drive our behavior. Now we're going to identify how a character was feeling in a specific part of the story. After I tell you how the character was feeling, you tell me the character's behavior....Use examples from the story to illustrate how feelings may drive behavior.

6. (MH) Mona said, "Oh please, she'll never make it. They said talent, not a tyrannosaurus." How did Sassy feel when Mona said that? (angry, sad) **What did Sassy do?** (She grabbed her bag and ran to the parking lot.)

Next time we'll begin exploring similarities between the characters' experiences and our own.

DANCING IN THE WINGS – Lesson Plan for Day 4

Objectives and ACS:

1. The child will re-read sections of the story to build fluency
2. The child will provide his own interpretation of the story using information from the text

Mental Health Objectives:

1. The child will identify, label, and acknowledge his own thoughts, feelings, and needs
2. The child will identify events in his life which caused feelings similar to the character's, and acknowledge the event / feeling connection
3. The child will consider and plan an alternative, healthy mechanism for dealing with similar, personal experiences that cause similar feelings

Progress Note Template:

During a bibliotherapy session (*Dancing in the Wings* by Debbie Allen) which focused on expression of feelings, staff and client discussed events in the client's life which caused feelings similar to the character's, and acknowledged the event / feeling connection. The client was (not) able (with prompting) to develop a simple plan for dealing with (specific event) in the future, stating that he would (brief explanation of plan).

Necessary Materials:

Teacher text
Student texts

Direct Instruction:

1. (ACS) Repeat vocabulary procedure steps 2, 3, 4 and 5.
2. (ACS/MH) **Today we're going to re-read sections of the story to see what we've experienced and felt that's similar to Sassy.** Re-read sections related to Sassy being teased by her brother, Molly and Mona. **Sassy experienced teasing and name calling in the story. (ACS) Molly and Mona were snickering about Sassy. How did Sassy respond to the snickering?** (She ignored the snickering.) (MH) **What else could Sassy have done in that situation?** (She could have told the teacher or moved to a different row)

(MH) **Has anyone ever snickered about you or said something upsetting to you (teasing, name calling)? Tell us what happened. How did that make you feel? What did you do? Do you think your response was a good one? Why or why not?** Record student examples for use in Day 5 role plays. **What can**

you do if someone teases you? (ignore, tell an adult, move away, make “I statement,” say: “that hurts my feelings,” etc.)

Option: Expand discussion to include productive responses to a friend is being teased; someone you don’t know is being teased; someone is teasing in your presence even if not directed toward you.

Option: Expand discussion to address responses to being teased about something true versus something not true.

- 3. (MH) Sassy said, “Talk to the hand,” to Mona. Do you think that was a good idea? What might Mona have done since Sassy said, “Talk to the hand.”** (She might have pushed her down; she could have told the teacher; Mona may have said something mean back to her; Mona could have ignored her.)

(MH) **If someone says something rude to you, what should you do or say?** Help students generate productive responses.

- 4. (ACS) Why did Sassy wear bright yellow instead of black to the tryout?** (She wanted everyone to notice her.) **Do you think it was a good idea for Sassy to wear a yellow leotard instead of a black leotard? Explain your thinking.** (Yes, because she was more easily noticed; no, because she didn’t follow the direction to wear a black leotard.)

(MH) **What kind of things do you do to get noticed?** Make a chart with two columns titled positive behaviors and negative behaviors. Ask students to give examples of behaviors they demonstrate to get noticed. Classify the behaviors as positive (okay) or negative (not okay).

- 5. (ACS) What does it mean to “make your mark”?** (do what’s important to you; aspire to do the best you can; find a way to get noticed)
(ACS) **How did Sassy “make her mark” in the world?** (She made her mark by dancing in the summer concert)
(MH) **How do you think you will make your mark in the world? What will you have to do in order to make your mark in the world in the way you would like to? How will you prepare?**

Counseling note: Students struggling with depression may find this activity difficult. Staff may work with a student with depression one-on-one and suggest possibilities in an encouraging, positive and hopeful light.

We came up with excellent suggestions of how to handle some difficult situations. Tomorrow we’ll role play our real life examples.

***DANCING IN THE WINGS* – Lesson Plan for Day 5**

Objectives and ACS:

1. The child will classify words or groups of words from the story into categories
2. The child will identify at least one alternative way of reacting to events that cause the feelings / emotional experience identified in the story, as it is related to his own life

Mental Health Objectives:

1. The child will understand the benefits of expressing his own feelings appropriately
2. The child will practice an alternative, healthy mechanism for dealing with strong emotions / feelings, using a variety of mental health activities

Progress Note Template:

During a bibliotherapy session (*Dancing in the Wings* by Debbie Allen) which focused on expression of feelings, client participated in role plays to practice alternative, healthy methods for dealing with (teasing/ difficult situations) that cause (anger, sadness, embarrassment, disappointment). Using this plan, s/he role played a reaction to (teasing/difficult situation) using (appropriate, alternate method of responding to event). He stated (insight related to his use of this method).

Necessary Materials:

Vocabulary list

Role play scenarios recorded from previous day

Direct Instruction:

1. Repeat vocabulary procedure steps 2, 3, 4 and 5.
2. (ACS) Have students categorize vocabulary words by number of syllables.

Key:

<i>2 syllables</i>	<i>3 syllables</i>	<i>4 syllables</i>	<i>5 syllables</i>
whirlpool	recitals	imitated	auditorium
welling	talented	adagio	
envy	snickering		
	introduced		
	applauded		
	troglydyte		
	potential		
	protégé		

3. (MH) Role play scenarios recorded from the previous day. **What is the benefit of your response? What do you gain from responding that way?**

4. (ACS/MH) *Dancing in the Wings* opens with this poem by the author:

*“Ever since I was born and could see,
Everywhere I looked, I saw dance,
In the clouds as the wind blew them across the sky,
In the ripples on a pond,
Even in the sea of ants marching up and down their hills.
Dance was all around me. Dance was me.”*

Change this poem so that it describes how you might “make your mark” on the world. Fill in the blanks: Possible activities: have students copy the words from the board and fill in the blanks; give the students a copy of the poem with blanks on a worksheet for them to fill in; conduct the exercise as an oral language activity.

Ever since _____

Everywhere I looked, I _____

In the _____

In the _____

Even in the _____

_____ is all around me. _____ is me.

5. (MH) In a group meeting ask students to read their poems and share how they plan to “make their mark” on the world. Display student work.

Additional questions for use with any lesson in this set:

What did Sassy mean when she said, “I could see myself dancing on the Milky Way”? (She could see herself dancing like a ballerina in the stars as she looked out her window – the Milky Way is the name of the galaxy we live in)

What does adagio mean? (a slow section) **By reading the rest of the sentence you can get more information about a word you’re not sure about. That’s called using context clues.**

Sassy took off across the floor “like Jackie Joyner-Kersey.” What does the author mean by that? (The narrator meant that Sassy jumped gracefully like Jackie Joyner-Kersey; Jackie Joyner-Kersey was an Olympic track athlete)
Where is Russia? Look on a map or globe and identify location of Russia compared to the United States. **Where are Mexico, France, China, Cuba, Brazil, New York, Texas and California? Dancers came to the school from all these different places.**

APPENDIX F

Student Semistructured Grant Interview Questions

1. Tell me about your experience with bibliotherapy.
2. How does bibliotherapy help you?
3. How does bibliotherapy help you become more aware of your emotions?
4. What do you dislike about bibliotherapy?
5. What else would you like to tell me about bibliotherapy?

APPENDIX G

Transcripts of Student Interviews Regarding Bibliotherapy Experience

I: interviewer

S: student

Interview #1

I: Okay this is interview #1. Is it okay if I record our conversation so that I can remember what you say?

S: Uh huh.

I: Okay. Great. First I want you to tell me about your experience with these books.

S: I'll start out with *Mississippi Bridge*.

I: Okay. I can hold it for you.

S: Where do I talk?

I: If you just talk out loud, there is a little microphone right there that picks up what you're saying. And, I'll hold it for you.

S: What are you doing?

I: I'm making sure that it's on. Tell me about your experience with these books.

S: Well. I'll start with *Mississippi Bridge*. It's not very close.

I: It's okay. It'll pick up your voice.

S: The *Mississippi Bridge* has a sad ending.

I: Go ahead and tell me more.

S: *Sadako and the Thousand Paper Cranes*. Of course, Sadako had leukemia, a powerful sickness. She only makes 644. Of course, Sadako passed away at 9:58

a.m. and when her paper cranes would swing, she thought how beautiful they were.

That was on October 2, 1995 - Sadako died. It's a sad part.

I: Tell me more about that.

S: The class had folded 456. At her funeral her class was sad and some were angry. Sadako got leukemia from the atomic bomb.

I: How did that make you feel, reading about that?

S: Well, I was disappointed that Sadako died. Okay, now let's hear it.

I: We'll keep going and then we'll play it back later.

S: Okay. This book even has how to fold a paper crane. Sadako started out a golden paper crane. Of course, she had trouble making the first ten. Suzuko made the first ten. She said if a sick person could make a thousand paper cranes the gods will grant her wish and make her healthy again.

I: Mhm. Does reading this book, does reading these books help you?

S: Yea.

I: How does it help you?

S: Well, Sadako had to stay in the hospital for a long time. But before she died before she could finish. Her last words were, "Oh, shi shi". That means that, "oh that tastes so good". The whole class was there. Unfortunately, there was a monument of Sadako which says...peace in the world.

I: Tell me how reading that book helped you

S: I wanted to know about Sakado.

I: Okay. Does reading that book help you become more aware of your emotions?

S: Yea. What time is it anyway?

I: I don't know exactly. I wanted to hear more about how reading that book helps you become more aware of your emotions.

S: Okay. That's all I have to say.

I: Was there anything else you wanted to tell me about reading that book?

S: That's all.

I: Okay. Tell me about the other books

S: Can we record this first?

I: It's still recording.

S: Okay. *Thank You, Mr. Falker.*

I: You're doing a great job.

S: Patricia actually Patricia Police who wrote this book...she had trouble reading. And her friends teased her. That wouldn't be nice. Until she met Mr. Falker. Her grades would say that her reading is terrible. Well, at the end of the story Patricia knows how to read.

I: How did reading about Mr. Falker and the girls who had so much trouble reading...how did that help you?

S: I know that trouble reading at first ...but at fifth grade she learned how to read finally. In first grade she had to stay long in the neighborhood she had trouble with it.

I: How do you think she was feeling?

S: She began to feel dumb. Well, in the neighborhood she had to stay long. She had to read in the neighborhood all the time. All the other kids read well.

I: How did reading about her help you become more aware about how you feel?

S: Let's look at the last book.

I: Okay.

S: This is *The Tiger Rising*. This book got an award. It was a best seller ever. It was almost a sad ending but the tiger got killed at the end of the story. He used to make fun of her because he saw a tiger in the cage walking back and forth which was wrong. It was in Florida. Of course, I think we read that in the beginning of the school year...I think.

I: Tell me about how reading that book helped you.

S: It made me cry. That's why death is a sad thing. Death makes everyone sad.

I: How do you know that?

S: It makes everyone in the family happy when a new member of the family comes alive. But when you have a loss, that makes you cry.

I: Sure.

S: So, in chapter 29 there was the loss of the tiger. But two years ago, in 2006 remember my great uncle, he was in Serbia...He died

I: I'm sorry to hear that. How did that make you feel?

S: Depressed.

I: Depressed?

S: That's a strong sad. I learned that from Mr. Rozick.

I: That's excellent.

S: Now, that's all I've got to say about *The Tiger Rising*. Alright. Let's record.

I: It's still recording. Which other story would you like to tell me about?

S: That's all. I think that's all. Alright.

I: Would you like to tell me...

S: This is *A Single Shard*...

I: Oh. Okay. Go ahead.

S: We read this in the beginning. I think around September.

I: Mhm. Tell me about that. What it was like for you reading that story?

S: Well, he accidently broke a back which was ...

I: How did they feel?

S: Very angry. They were in the twelfth century. He lived under a bridge for a long time without any food except scraps of food. The dangerous journey will change his life. Maybe he'll have real food some day...(inaudible).

It said...(inaudible).Then on the final page, the trees were shedding the last of their leaves...(inaudible).

One day at a time..... (reading from the book)

I: Tell me what you learned from the story, you're reading from the author's note.

Tell me how reading *A Single Shard* helped you.

S: Well, it's real happy. It was kind of a happy ending. He lived to make pottery some day. The last word was path. He pushed up a mountain path.

I: Okay.

S: Alright.

I: Is there anything else you want to tell me about your experiences reading these books?

S: That's all. Now let's play this thing.

Interview #2

I: This is interview #2 and I'm going to use this digital recorder to record our conversation so that it can help me remember what we talked about. And is it okay that I record what we talk about?

S: Yes.

I: Okay, great! My first question is I wanted to actually tell me about your experience with these books

S: These books teach us some real lessons. Like this one talks about how not to be selfish and *Thank you, Mr. Falker* is about a girl who can't read and it happened in real life. That's what I really like and in *Tiger Rising*, it's actually one of my favorite books. There was a man who was trying to kill the tiger but there was a girl who actually had to fight to keep the tiger. I like how she actually did something about it rather than...(inaudible). *Mississippi Bridge*, that one, we read that one in February for Black History Month and that one taught us about how they used to be racist and that how many people didn't have so much and that we should be appreciative of what we have now. That was a good book. *Mr. Lincoln's Way* – that was a good book – That had a boy, the boy had a birdHe started crying and all the kids liked him. Now he's old enough to go back for his reunion and the bird was still there. He went to be a teacher at the school that he grew up at.

I: How did that book make you feel?

S: It made me feel really happy. It made me feel that I can grow up and do that sometime. It made me feel that I could do anything. And reading all these books made me feel that each book has a lesson.

I: And what were some of the most important lessons that you saw?

S: Not to be selfish. He was a selfish person. So that taught me not to. How not to be selfish. You can get greater things by helping people. *Thank you, Mr. Falker*, I really have to learn how to do stuff. If you eat the honey it's sweet but it's just like knowledge but if you don't have any knowledge it's just bland. That was nice. That was a really good book.

I: How did that help you understand yourself better?

S: Well, I really had to think that...I had to do some stuff and I was annoyed, but I had to do it anyway. There are good consequences and bad consequences that will happen if you choose one way or the other. So I choose a good consequence, a good thing. So, now I'm learning how to read and all that stuff. That was a really good book. So...

I: You are doing a very good job at this interview. How did reading these books help you become more aware of your own emotions and of what you were feeling?

S: I had to...I had to notice. All these books helped me notice one part of me. Like *Mr. Lincoln's Way*, that helped me learn that I don't always have to get my way. I just – I have to learn what other people have to say and I have to grow up in that mixture. I just have to learn. Like when I was a little kid, like little little, I always had to always get my way. But now, it's not like that any more. So I have to notice what I can get and I what I can't get. To know this is what I can get and what I can't get, it's privileges.

I: Excellent. And are there any other books that helped you in that way, become more aware of yourself and your emotions?

S: *The Rising Tiger* or the *Tiger Rising*.

I: Okay.

S: That helped me to stand up for myself and for what I believe because I'm not going to let anybody just tear something down just because they want to. I'm actually going to fight for it. So that helped me build up confidence.

I: And so how do you feel with that confidence?

S: I feel really good.

I: Excellent...excellent. What else would you like to tell me about reading these books?

S: I would recommend them to anybody who's over six.

I: Six years old?

S: Yes, because they can find more to learn these books they can. It's not just like It's books that tells you about...(inaudible).

Interview #3

I: This is interview #3 and I am recording this so that I can remember what we talked about today. Is that okay with you?

S: Yes.

I: I wanted you to tell me about your experience reading these books.

S: It's fun reading these books. You can learn about them.

I: What do you learn about?

S: They are fun. You can learn about what characters they are and why are you reading. I don't know the rest.

I: I think you're doing fine. Tell me about one of them. Pick one. Tell me about your experience reading this book.

S: It tells you about learning. It tells you about a teacher.

I: *Thank you, Mr. Falker*, Tell me more.

S: It tells you what the students are learning about and the characters and what they are learning and reading and what academics they have and what the teacher likes to tell the students about and what they like to learn. I think that's it.

I: And how did reading this book about this girl learning and about the teacher, help you?

S: It helped me by...I don't know.... Learning.

I: It helped you with learning.

S: Reading it, the book, I don't know.

I: I think you're doing great. You're doing really good. How did reading *Thank you, Mr. Falker* help you become aware of your emotions?

S: It helps me calm down sometimes when I don't want to work. I can just do it any way and take a deep breath. It helps me to read and learning things. It's a good book to read and it's very interesting.

I: How about another book?

S: (points to *Crickwing*)

I: Alright, *Crickwing*. Tell me about what it was like for you reading *Crickwing*.

S: It was a funny book. It was about these bugs...this bug's looking for people – things to eat and he didn't find it. He finds something to eat, but the ants took over

and they feel they had kind of a battle and then the guards got Crickwing and they were about to eat him but the other ants came to his rescue. That's all I know.

I: How did you feel?

S: Interesting and I felt happy.

I: Excellent. Is there something else you want to tell me about this story?

S: No.

I: Which story would you like to tell me about next?

S: That one.

I: That's *Sadako and the Thousand Paper Cranes*.

S: I haven't read that one, yet. This one...*Mississippi Bridge*.

I: Tell me about your experience.

S: It's about these four children that at the end these four children find something to eat and drink but their grandma in the bus – they had a bad time because it was always raining and there was racism and people was telling them to go to the back and whites go in front. Then some people died in the end.

I: How did you feel reading that story?

S: Sad. It was sad when I read it.

I: Is there something about it that helped you understand yourself better?

S: No. I didn't get this book at all.

I: Okay. What was is about it that made it hard for you to get it?

S: The dying and the bus. The reason that they died, the bus flipped over and some people were still on there and they died in the water. So I didn't get this story at all, it was confusing.

I: It was confusing to you? Were you not sure about the dying? What was it that you weren't sure about?

S: The dying....and the bus flipping over on its own. I didn't get that at all.

I: Were you upset by that?

S: No. I was just interested and it was sad. But I wasn't upset.

I: Okay. Did that book help you become more aware of your own feelings? Did it help you understand your own feelings better?

S: Yes.

I: Tell me how.

S: I don't know.

I: Which other book would you like to tell me about?

S: This one

I: *Thank you, Mr. Falker* by Patricia Polacco. Oh, you told me about this one already.

S: *Mr. Lincoln's Way*.

I: Tell me your experience with that one.

S: This one...well. It's about a teacher that is very friendly but this boy bullies on everyone else. I don't know his name. I think its Eugene. He's either big bully and then at the end he starts, he finds interesting books...bird books. Then I think at the end, the very end there's these ducks that hatched. The mother and the dad went somewhere to find food. That's all I know.

I: Was there anything in that story that helped you understand your feelings and emotions better?

S: I don't get that book.

I: I think you explained it to me well. Did it help you understand yourself better?

S: No.

I: No? How did it help you?

S: The book helped me by learning about it...thinking about it

I: Learning and thinking about it.

S: That's all I know.

I: Okay. Is there another book you'd like to tell me about?

S: No. Except for that one right there.

I: Which one?

S: *The Tiger Rising*. This one is interesting. It was very hard to think about because this one right here, he said he hated his dad and this girl she met him – with scars.

The tiger, he was locked up in a cage and this man threatened to kill him. That's all I know from that story.

I: You said it was hard for you. What part was hard for you?

S: Just thinking about the story.

I: What part of the story was hardest to think about?

S: The threatening and the threat to kill the lion part.

I: The threatening was hard to think about. Has that ever happened to you? Has anyone ever threatened you?

S: Well, they threatened me before.

I: Who is that?

S: This boy, I don't know his name. But he threatened me before.

I: Tell me what happened.

S: I was just sitting there on the bus and one day this boy came up close to me and he said, "you are..." and he finished the part and I felt it was a threat.

I: What did you do?

S: Tell the bus driver and he said to tell your mom and I did. And my mom told him, "why would you say anything about me?" and that's all.

I: How did you feel when that happened?

S: Angry. And upset.

I: Angry and upset.

S: That's all

I: Did you see any other the characters in his story feeling angry and upset?

S: Yes.

I: What part do you remember?

S: This boy said he hated him and didn't like him. That's all I know.

I: Very good. What else would you like to tell me about reading these books?

S: Nothing. I don't know.

I: Okay. Well, thank you so much!

S: You're welcome.

Interview #4

I: This is interview #4, and I'm going to be recording this with the digital voice recorder so that I can remember our conversation. Is that okay?

S: Yea.

I: Okay first of all I'd like you to tell me about your experience with reading these books.

S: Okay. It was interesting

I: Interesting. Okay. Tell me more about that...you can talk about individual books or all of them.

S: *Mississippi Bridge* – The bus was trying to go over the bridge. But the bridge, the kids –when they first started the kids went over the bridge and they were looking down and watching the water and then they rode back home. The bridge – the dude tried to get on the bus and he stayed on the bus and then they kicked him off the bus because there wasn't enough room. All the people there was too much people on the bus so they started kicking the black people off the bus. Then after that, they went across the bridge and the bridge cracked. Then, after that I forgot what happened. I think when the bridge cracked the bus flooded and they tried to get all the people off before the bus flooded. The only people in there – some got off. The dude – I forgot the name – was wondering why he was kicked off the bus, why did God kick him off the bus. You know the girl that took the hat? She bought the hat because the man...the girl asked to try it on and the man gave her a sucker then after that a couple pages after thatdied. The little kids playing on the bus, I mean, the bridge, and then, the little white boy told him why. The kid's said, they didn't say nothing. They didn't know. After that I don't know what else.

I: How did you feel reading this book?

S: I felt happy and sad. I felt sad because even though the man – I felt sad for the black people because they asked to try on the hat and they didn't get to try on the hat. I felt sad because she didn't get to try on the hat. Then she died. Even though he didn't get off the bus, God saved them.

I: What did you learn?

S: It can be sad and some days can be happy.

I: Did that book at all help you become more aware of your emotions?

S: Yea. Sometimes when you're mad or sad, sometimes a good thing might come.

I: Very good. Tell me something about the other books.

S: This book, *Mr. Lincoln's Way*.

I: Talk nice and loud.

S: *Mr. Lincoln's Way* – the kids was outside playing with the teacher. I think he's the principal of something. Anyway, the kids were playing with the teacher...the bully came out and started picking on kids. He took...(inaudible). After a couple days later he told the teacher that he was interested in birds. *Mr. Lincoln's Way* told him if you do good – I don't know what he said after that – If you do good I'll take you down there to see the birds, then he did good. A couple days later he started acting up. So he broke the promise. After that, he went on a field trip. I think it was a field trip and he saw it again. I don't know after that.

I: Was there something you learned from reading this book?

S: Oh yeah! After that he apologized. Then after that, he helped the ducks – the mother laid eggs because she had eggs. After that the mother....he helped the mother and I learned that you can try to do something but you fail sometimes then you can get back up.

I: Excellent.

S: Then this book (points to *Crickwing*).

I: You'll tell me about *Crickwing* right now?

S: This *Crickwing*, he was mad because everybody was bullying on him because he was a little guy. And then, he started picking on the ants. Then after that he started picking on the queen. She came down there and told him to strap them up and he took them somewhere. After that he promised he wasn't going to do any more bad stuff. After that, he helped them. The other one, the fire ants, they said they wanted some food and they came there. They had this one big bird. The bird was made out of leaves. That's all.

I: How did you feel reading that story?

S: I felt that sometimes we do bad stuff and get bad consequences.

Sometimes...And then you learn from it. You get more stuff. You get to earn more stuff and more play. I forgot.

I: You forgot about *Tiger Rising*?

S: Yea.

I: Okay so does reading these books help you become aware of your emotions and your feelings?

S: Yea. Sometimes. Sometimes it's like somebody tells you to do something or if you're mad and then you take your feelings out on somebody else.

I: If you're mad you take your feelings out on somebody else?

S: And then when you do that, you feel...because you did it. When you try to go back and say sorry they won't listen because you probably been doing that for a long time. You keep saying sorry, sorry and won't stop doing it they won't forgive you.

I: What should you do instead?

S: You should try to not do it again or you can...talk to them and say I won't do it again. If they don't trust you, you can just show them by your actions.

I: What else would you like to tell me about reading these books?

S: They get you thinking about times of good and times of bad. And sometimes they are e interesting. They tell you good things. When you read it, it teaches you how to read better.

I: It teachers you how to read better?

S: Yea. Were you here last year?

I: Was there anything else you wanted to tell me about the books....about your experience?

S: No.

I: No? Well, thank you!

S: Thank you.

Interview #5

I: I've turned the voice recorder on. Is it okay with you that I record our conversation?

S: Okay.

I: This is interview #5 and I'd like to start by having you tell me about your experiences with reading these books.

S: They've been fun. They've been cool. It took us a while to read a few of them.

I: So, you have *Tiger Rising* there. Tell me about *Tiger Rising*

S: It was kind of awkward.

I: Awkward?

S: Yea.

I: What was awkward about it?

S: It took us some weeks to read it. Yea.

I: What were you feeling when you read that book?

S: Uh, it was fun.

I: Mhm. What did you learn from reading that book?

S: Life and death. You know. You make choices and you can't block out memories forever.

I: You can't block out memories forever. So then what should you do?

S: Be cool.

I: Be cool?

S: Don't let them go.

I: Okay. Tell me about your experience with any of these other books.

S: People can be nice.

I: People can be nice?

S: Yea. *Mississippi Burning* went by fast. And you know.....They were cool.

I: You're picking up *Thank you, Mr. Falker*. Tell me

S: That one was cool. *Mississippi Bridge* was emotional.

I: What kind of emotions did you experience?

S: People die and black people were treated well. And....that stuff. That was a weird one to read. And a cool one.

I: A cool one?

S: Yea. It was a treat. (sneeze)

I: God bless you. So you're saying it was a treat to read.

S: Yea.

I: What did you like about it?

S: You got to learn about stuff.

I: You got to learn about stuff?

S: Yea. Things like that.

I: Mhm.

S: The good things.

I: You read about the good things.

S: Yea. As much as the bad things. Yea. What else is there?

I: I was wondering what did you dislike about reading these books?

S: What?

I: What didn't you like about reading these books?

S: You have to sit down and read it e very day

I: Repeat.

S: But other than that, it was cool.

I: What else would you like to tell me about reading these books?

S: It was cool stuff.

I: It's cool stuff?

S: Yea. And it's fun to read.

I: It's fun to read?

S: Yea.

I: Okay. Very good. Anything else you'd like to tell me?

S: That's a fun one. Yea. *Crickwing* was a fun one. Anything else to say?

I: Not unless there is something else you want to tell me.

Inaudible

S: Their about making things better.

I: So does reading the books help you understand how things are better for you?

S: Mhm.

I: Very good.